

EMPLOYEE REIMBURSEMENT REQUEST

Please reference the [Acceptable Purchasing Card - Employee Reimbursement Guidelines](#) before completing

CHIPPEWA VALLEY SCHOOL DISTRICT

19120 Cass

Clinton Township, MI 48038

(586) 723-2130

TO: Accounts Payable - Lisa Edgell

DATE: _____

| |
|---|
| |
| Immediate Supervisor's Approval Signature |
| Immediate Supervisor's Printed Name |
| _____ Date |

Issue Check To:

NAME: _____

Employee # _____
Employee numbers can be found on your pay stubs

REASON: _____

| ASN # | AMOUNT |
|-------|--------|
| | |
| | |
| | |
| | |
| | |
| TOTAL | |

Upon approval reimbursement will be included in your paycheck

Attach original, detailed receipt and if payment was made by invoice, proof of payment needs to be attached to this form.

Routing: Send all employee reimbursement request forms to Accounts Payable

Revised 2-14-22

_____ Business Office Approval