FIFE SCHOOL DISTRICT 417

Expense Reimbursement Claim

Name	School or Department		
Month of Expense	Year	Date	
Home Address	City	Zip	

Date	Paid to/Vendor	Expense Description	Amount
		Total Reimbursement	$

Account Code:_____ $_____

Account Code:_____ $_____

Account Code:_____ $_____

Employee Signature Date

Supervisor Signature Date

Budget Manager Signature Date

Central Office Approval Date