Wattsburg Area School District

2018-19 School Year

Employee Reimbursement for Materials and Supplies

Name _____

Date _____

Building _____

Grade	
Subject	

Program/Grant	
Program Category	
Objective Number	

Item	From	Description Program /Grant/Account	Purpose	Total Cost

Total $ 0.00

ATTACH ALL ORIGINAL RECIPTS, maintain a copy for your records.

MUST BE RECEIVED BY THE 2ND MONDAY OF EACH MONTH

To the best of my knowledge, the record above is a true accounting of expenses incurred in performing my duties as an employee of the Wattsburg Area School District. I request reimbursement from the WASD.

_____ _____

Employee Signature Date

_____ _____

Approved by Principal/Supervisor/Program Coordinator Date