

Wattsburg Area School District

2024 - 2025 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 _____

ATTACH ALL ORIGINAL RECEIPTS, 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