



Emery County School District Reimbursement Voucher

Print Form

Reset Form

General Reimbursement Claim

Employee's Name _____ Mailing Address _____ Phone Number _____

Supervisor's Name _____ School / Dept _____ Date _____

RECEIPTS VERIFYING ALL EXPENSES NEED TO BE ATTACHED!!

Description of Expense (Lodging, Meals, etc.)	Starting Date	Ending Date	Location	Description of Event	Amount

Account: _____ Vendor #: _____ **Total Reimbursement**

Employee
Signature: _____

Supervisor
Signature: _____

Business Office
Approval: _____