



# Expenditure Reimbursement Form

Date	Vendor	Description	Amount
<b>Total Amount Due</b>			

Original purchase receipts are required—please attach to form

Account Code	_____---_____---_____--_____	Amount	\$_____
Account Code	_____---_____---_____--_____	Amount	\$_____
Account Code	_____---_____---_____--_____	Amount	\$_____
Account Code	_____---_____---_____--_____	Amount	\$_____

I hereby certify under penalty of perjury that I have not acquired any personal benefits such as rebates, frequent flier miles or other personal gift points for expenses that are being reimbursed by the Mount Vernon School District as a direct result of any or all expense claimed.

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager of Chargeable Budget Signature  
(if different from above)

\_\_\_\_\_  
Date