



May Independent School District

Where everybody is somebody

Expense Reimbursement Form

Employee Name: _____ Date: _____

Explanation of incurred expense:

List of Items Purchased:

Item Description	Amount	Account Code <i>(office use only)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Please be sure to use tax-exempt forms on all purchases. Sales tax charges cannot be reimbursed.

Approved Not Approved

Campus Principal Signature: _____ Date: _____

Approved Not Approved

Superintendent Signature: _____ Date: _____