



**Fern Ridge School District 28J
School Business Expense Reimbursement Request**

Name: _____ Date: _____

School: _____

Estimated Cost: _____

Purpose of expense:

What account in your budget will be reimbursing this expense?

Administrator pre-approval: _____ Date: _____

**COMPLETE BELOW WHEN ACTUAL EXPENSES ARE KNOWN. ATTACH ALL RECEIPTS.
Attach additional sheet(s) if necessary.**

Date	Description	Transportation	Lodging	Meals	Other	Total
<i>Column Totals</i>						
Administrator signature below indicates review and approval of expenses attached.					<i>Subtotal</i>	
					<i>Less cash advanced</i>	
					<i>Total owed to you</i>	

Administrator: _____ Date: _____

All receipts must be attached, substantiating request for reimbursement. Form must be complete.