

*Successful Learners Strengthening Our Community*

# ASB Expenditure Reimbursement Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Vendor** | **Description** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total Amount Due |  |

Original purchase receipts are required—please attach to form

|  |  |  |
| --- | --- | --- |
|  | ASB Code Location |  |
| Account Code  | \_\_\_\_\_\_\_\_\_\_\_\_- 00 – 0000 -\_\_\_\_\_\_\_\_\_  | Amount $\_\_\_\_\_\_\_\_ |
| Account Code | \_\_\_\_\_\_\_\_\_\_\_\_- 00 – 0000 -\_\_\_\_\_\_\_\_\_  | Amount $\_\_\_\_\_\_\_\_ |
| Account Code | \_\_\_\_\_\_\_\_\_\_\_\_- 00 – 0000 -\_\_\_\_\_\_\_\_\_  | 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

ASB Secretary Signature Date

ASB Senate Student Signature Date