

AUBURN PUBLIC SCHOOLS
Auburn, MA



REQUEST FOR REIMBURSEMENT

Name: _____ Date: _____

Address: _____ Location: _____

Purpose of Expense: _____

| <u>Date</u> | <u>Description</u> | <u>Total</u> |
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| TOTAL DUE | | |

I hereby certify that I have incurred all the above expenses on behalf of Auburn Public Schools.

Signature of Employee: _____ Date _____

Certified for Payment By: _____ Date _____

Signature of Business Manager: _____

Approval Date: _____ Account #: _____

Receipts must be attached to expense form.
MA Sales Tax will not be reimbursed.