



SUPPLY REIMBURSEMENT FORM

NAME: _____ DATE(S): _____

DETAILED EXPENDITURES (*must attach receipts*):

ITEM DESCRIPTION: _____ \$ _____

ITEM DESCRIPTION: _____ \$ _____

ITEM DESCRIPTION: _____ \$ _____

ITEM DESCRIPTION: _____ \$ _____

ITEM DESCRIPTION: _____ \$ _____

ITEM DESCRIPTION: _____ \$ _____

ITEM DESCRIPTION: _____ \$ _____

ITEM DESCRIPTION: _____ \$ _____

TOTAL TO BE REIMBURSED: \$ _____

SIGNATURE

_____ Check # _____ Date: _____

APPROVED BY

Payment Process

1. Single purchases of over \$50.00 require prior administrative approval.
2. Reimbursement form(s) must be submitted with receipts.
3. Form and receipts must be scanned and e-mailed to jarevalo@lcsmadison.net
4. Reimbursement will be paid out within 5-10 business days from the date received via mail or through payroll to employees.