



LIND-RITZVILLE COOPERATIVE SCHOOLS EXPENSE/REIMBURSEMENT VOUCHER



EMPLOYEE	
Name	Title/Position

PRIOR APPROVAL FOR EXPENSES	
Supervisor Signature	Date

EXPENSE/REIMBURSEMENT DETAILS			
Date	Vendor	Reason for Expense	Amount
			\$
			\$
			\$
			\$
			\$
TOTAL EXPENSES:			\$

**PLEASE ATTACH A DETAILED RECEIPT
FOR ALL EXPENSES.**

APPROVAL FOR EXPENSES	
<i>I hereby certify under the penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account here of.</i>	
Employee Signature	Date
Superintendent Signature	Date

OFFICE USE ONLY
Account Code/Name