

**SHAMOKIN AREA SCHOOL DISTRICT
INDIVIDUAL EXPENSE REPORT
REIMBURSEMENT FOR EXPENSE**

DATE SUBMITTED

NAME _____

REASON FOR EXPENSE _____

DATE OF EXPENSE _____ **AMOUNT** _____

Expense was authorized by my Principal and/or the Superintendent of Schools.

**ATTACH STATEMENTS AND OTHER RECEIPTS
Include a copy of affirmation of expense.**

I affirm the above expense(s) were incurred.

Signature

CHECKED

I have checked the above invoice(s). I recommend payment as being authorized by the Business Manager and within the limits of the school budget.

DATE

PRINCIPAL/SUPERVISOR

APPROVED

I approve this bill for payment by the Board of Education.

DATE

SUPERINTENDENT

DATE

BUSINESS MANAGER