

# Ashland-Greenwood Public Schools Expense Claim Form

**NOT A PURCHASE ORDER** - This Form is Used to Claim Reimbursement for Previously Approved Employee Incurred Expenses -or- Expenses Requiring Immediate or Pre Payment

**Make Check Payable To:**

Name \_\_\_\_\_

Budget Purpose Code \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Page Total:

If requesting reimbursement for personal vehicle, please include vehicle owner and license plate number.

Owner: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

For Office Use Only:

Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_ Program Balance Before Disbursement \_\_\_\_\_

Superintendent's Approval \_\_\_\_\_ Date \_\_\_\_\_

Exp Claim Form  
Revised 07/01/11