

**Clarendon School District Two
Expense Reimbursement Form**

(do not use for Travel Reimbursement)

Date: _____

Check Payable to: _____
(Person being reimbursed)

Description of Purchase: _____

Amount to be Reimbursed: _____

Account #: _____

Notes: _____

Employee Signature: _____

Supervisor Signature (required): _____