

**OXFORD PUBLIC SCHOOLS**

**EXPENSE REIMBURSEMENT FORM**

*Please return original form to the Central Office with all supporting original receipts.*

*\*Please Note: The Town of Oxford and Oxford Public Schools do not reimburse for sales tax.*

**EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYEE POSITION TITLE:** \_\_\_\_\_ **BUILDING:** \_\_\_\_\_

**EMPLOYEE MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

<b>DATE</b>	<b>ITEM PURCHASED</b>	<b>REASON/PURPOSE</b>	<b>AMOUNT</b>
			\$
			\$
			\$
			\$
		<b>TOTAL REIMBURSEMENT:</b>	\$

\*\*\*\*\*

**\*\* FOR INTERNAL USE ONLY \*\***

Account Number to be Paid From: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL OR ADMINISTRATOR

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

\_\_\_\_\_  
SCHOOL BUSINESS ADMINISTRATOR

DATE: \_\_\_\_\_