



**NEW MILFORD PUBLIC SCHOOLS**  
**Office of Fiscal Services and Operations**  
 25 Sunny Valley Road, Suite A  
 New Milford, Connecticut 06776  
 860-354-8726

# EMPLOYEE EXPENSE REIMBURSEMENT FORM

SUBMIT TO ACCOUNTS PAYABLE/CENTRAL OFFICE

An original invoice or any other document that substantiates itemized purchases must be stapled to the back of this request **with proof of payment** (canceled check, credit card receipt, etc.). Both requestors and supervisor's or principal's signatures are required. If the form is not completed properly, it will be returned for correction and that will delay payment.

Date: \_\_\_\_\_ Payment To: \_\_\_\_\_

why's it not processed w/ PO \_\_\_\_\_

For	Charge to Account / PO	Amount

**Total of Reimbursement Due:** \_\_\_\_\_

**Requesters First & Last Name:** \_\_\_\_\_

**Requester's Signature:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

*Accounts Payable Use*

Vendor # \_\_\_\_\_