Montpelier Public School District No. 14
214 7th Ave
Montpelier, North Dakota 58472
701-489-3348, Fax 701-489-3349
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EXPENSE VOUCHER/ REIMBURSEMENT FORM

Purchase Reimbursement

Date on Receipt/Invoice	Vendor	Purpose	Reimbursement Amount
Total Request			

Reimbursement requires prior approval of the superintendent, and a receipt or other appropriate documentation of expenditure. -Travel Reimbursement Form is preferred for mileage/meals.

CLAIMANT SIGNATURE_____ **DATE**_____

APPROVAL SIGNATURE_____ **DATE**_____