

Montpelier Public School District No. 14

214 7th Ave

Montpelier, North Dakota 58472

701-489-3348, Fax 701-489-3349

EXPENSE VOUCHER/ REIMBURSEMENT FORM

Purchase Reimbursement

Date on Receipt/Invoice	Vendor	Purpose	Reimbursement Amount
Total Request			

- Please pay reimbursement via direct deposit. (Will be same account as payroll direct deposit.)
- Please pay reimbursement via check. *I will cash promptly. Bank charges a stop payment fee of \$25 per lost check.*

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** _____