

Reviewed By \_\_\_\_\_  
Date \_\_\_\_\_  
(For Business Office Use Only)

**HUDSON PUBLIC SCHOOLS  
EMPLOYEE REIMBURSEMENT  
FOR EXPENSES**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PURCHASE ORDER NO.**  **AMOUNT**

EXPLANATION OF EXPENSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

Supt/Dir Finance \_\_\_\_\_ Date \_\_\_\_\_

*List Expenditures\* Attach Original Receipts \* Obtain Approvals  
Submit this form to Principal/Director with all attachments*