EDUCATIONAL SERVICE UNIT NO. 13
EXPENSE REIMBURSEMENT CLAIM FORM
(Use only for miscellaneous expenses.)

Submitted by: _____ Month/Year: _____

Department:_ _____

A COPY OF ALL RECEIPTS MUST BE SIGNED AND MUST ACCOMPANY THIS CLAIM FORM.

Date	Description of Expenditure	Amount of Reimbursement

TOTAL AMOUNT DUE: _____

Signature of person submitting report: _____

FOR OFFICE USE ONLY

Approved for payment by:_____ Date:_____