

## **Employee Reimbursement**

Revised 11/14/2007 Form Owner: Financial Services

 $Form\ Location:\ http://www.4j.lane.edu/files/forms/finsvc/4j\_finsvc\_employee\_reimbursement.pdf$ 

## **USER INSTRUCTIONS**

Form Purpose: Use this form to claim reimbursement for district-related out of pocket expenses.

<u>How to Complete this Form:</u> Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.

**How to Submit this Form:** Submit a hard copy of this form.

<u>Where to Send this Form:</u> Please return this form and supporting documentation to Financial Services-Payroll. **Original receipts must be submitted.** 

<u>Deadline:</u> Completed forms must be received in the Financial Services office by the 15<sup>th</sup> of the month in order for you to receive reimbursement on that month's paycheck.

Tel year to reserve reminestration that mental a payoneous				
EMPLOYEE INFORMATION				
Name:				
Employee Number:				
PLEASE TYPE OR PRINT				
DESCRIPTION OF EXPENSES	ACCOUNTING UNIT	ACCOUNT	SUB ACCT	<b>AMOUNT</b>
REIMBURSEMENT TOTAL				
APPROVAL				
School/Department:				
Submitted by:				
Administrator/Supervisor Signature:			Date:	
Print or Type Administrator/Supervisor Nam	e:			