

**USD 496 - Pawnee Heights**

***Expense Reimbursement***

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Name: .....

Date: .....

Reason: .....

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Expenditure Summary  
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Paid To	For	Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement: .....

**\*\*Attach receipts to form and return to District Office to be reimbursed\*\***

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_