

**Littleton Public Schools
EMPLOYEE REIMBURSEMENT FORM**

Date: _____

PAY TO : _____
Employee Name

Mailing Address City, St Zip

OUTSIDE AUTHORIZED PURCHASES:

NOTE – ANY SALES TAX PAID IS NOT REIMBURSABLE
Please do not include sales tax below

Please list each store/merchant separately

Store/Merchant Name	\$ Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

***Please attach ORIGINAL receipts.**

(Photocopies are not accepted)

NO RECEIPT – NO PAYMENT - Sales taxes are NOT reimbursed except for legitimate sales taxes charges for room, meals, etc. and reimbursable sales taxes allowed by State statute. If sales tax is significant, please notify the Business Office prior to purchase.

TOTAL \$ _____

I hereby certify that the expense listed here are for valid, authorized School department expenses.

Employee Signature

Principal/ Supervisor / Date

Please print name here****

Please have your building Principal, or Department Head review and authorize this form then submit to the Business Office for Processing of payment.