



School District #71 (Comox Valley)
Memo for Employee Reimbursement

Employee: _____
School Location: _____

Description of Expense to be reimbursed:

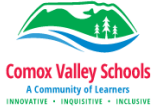
Amount of Expense:\$ _____

District GL Account _____
(For your School/ special use funds approval e.g. 1.01.02.5111.0xx)

Employee Signature: _____
Date: _____

Approval Signature: _____

** Attach detailed receipt or information to support claim (not debit receipt)
And send into Accounts for processing **



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