

**Madison High School**

***REIMBURSEMENT FORM***

**\*\* RECEIPTS REQUIRED \*\***      Date: \_\_\_\_\_      Pay To: \_\_\_\_\_

Department/Organization: \_\_\_\_\_

<b>Vendor:</b>	<b>Description of Purchase:</b>	<b>Amount:</b>

**Total:**                      \$ \_\_\_\_\_

I hereby certify that I have personally paid for the above expenses which were incurred by me in the performance of my duties as an employee/coach at Madison High School.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Approved by Department Head or Advisor

\_\_\_\_\_  
Approved by Principal