

EMPLOYEE REIMBURSEMENT REQUEST

Please reference the [Acceptable Purchasing Card - Employee Reimbursement Guidelines](#) before completing

CHIPPEWA VALLEY SCHOOL DISTRICT

19120 Cass

Clinton Township, MI 48038

(586) 723-2130

TO: Accounts Payable - Autumn Lancaster

DATE: _____

Immediate Supervisor's Approval Signature

Immediate Supervisor's Printed Name

Date

Issue Check To:

NAME: _____

Employee # _____
*Employee numbers can be
found on your pay stubs*

REASON: _____

ASN #	AMOUNT
TOTAL	



Upon approval reimbursement will be included in your paycheck

**Attach original, detailed receipt
and if payment was made by
invoice, proof of payment needs
to be attached to this form.**

Routing: Send all employee reimbursement request forms to Accounts Payable

Revised 2-14-22

Business Office Approval