

ENCORE



Junior & Senior High School for the Arts

Employee Reimbursement

Employee Requesting Reimbursement: _____ Date _____

Date	Description	Total Amount
Grand Total		

Name (make check payable to): _____

Address: _____

City, State, Zip: _____

(Check will be mailed to this address if the total amount is over \$100)

I hereby certify that the above is an accurate accounting of my expenses incurred on behalf of Encore Education Corporation, and I have attached copies of receipts on the receipt form and/or proof of payment.

Employee's Signature:  _____

OFFICE USE ONLY

Rev. 3/21

Approval: Yes / No

Administrator Signature: _____ Date: _____

Administrator Signature: _____ Date: _____