SPRUCE
COMMUNITY SCHOOL

EMPLOYEE EXPENSE REIMBURSEMENT FORM

This form is electronically fillable. Requests for expense reimbursement must be submitted within 30 days of the receipt date to Loren@sprucecommunityschool.org; requests after 30 days will not be reimbursed. Please allow up to 30 business days for payment processing.

Employee Name		**Date**	

By my signature on this form, I affirm that all items requested for payment were exclusively for business purposes and were necessary for the operation of Spruce Community School.

Employee Signature	
Employee Department	

All receipts must be scanned and provided as backup for each line item below.

Receipt Date	Vendor Name	Purpose of Expense	Amount to Reimburse
		TOTAL	

AUTHORIZATION

MANAGER	
DATE	