

Great Hearts Academies

Expense Report/Reimbursement Form

Department or Academy Name: Great Hearts Lead Office

Employee's Printed Full Name	Phone Number: (For Cell phone Reimbursements)	Dates of Expense	
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Attach all original receipts/documentation necessary to support each expense. Number the receipt to correspond to the line on the expense report.

Date of Purchase	Vendor name on receipt (where was item purchased) Origination/Destination and passenger info (for mileage)	Coding	Amount	Miles	Rate Per Mile	Total Mileage
1					0.350	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Grand Total \$ _____

	Headmaster or Supervisor Signature/Date
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Expenses without a receipt or missing headmaster/supervisor approval will not be reimbursed.

SUBMIT TO: _____ Your supervisor for approval OR Your academy's office manager for Headmaster Approval