

SAU #88 Employee Payroll/Reimbursement Form

NAME: _____ DATE: _____

EMPLOYEE # (SSAN): _____

LOCATION: _____

ADDRESS: _____

SERVICES/MATERIALS DESCRIPTION (Incl. Mileage etc.): _____

ACCOUNT NUMBER/S: _____ AMOUNT: \$ _____

ACCOUNT NUMBER/S: _____ AMOUNT: \$ _____

ACCOUNT NUMBER/S: _____ AMOUNT: \$ _____

EMPLOYEE SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

SAU AUTHORIZED SIGNATURE: _____

NOTE: Attach receipts for direct reimbursements of purchases made with prior approval