



SHERIDAN SCHOOL DISTRICT
TRAVEL AND EXPENSE REIMBURSEMENT FORM

Name: _____

Building:

All receipts must be attached. Form must be completed totally.

If you paid for additional persons, please list their name(s) below.

***Please have meal receipts separate from any alcohol. (District will not reimburse if alcohol is included on ANY receipts)

Name of person Making Request (Print):	Signature of person Making Request:
Name of Administrator (Print):	Signature of Administrator: