



School District #71 (Comox Valley) Memo for Employee Reimbursement

School Board Office
Use Only (QR Code)

Employee: _____

School Location: _____

Description of Expense to be reimbursed:

Amount of Expense: \$ _____

District GL Account _____

(For your School/ special use funds approval e.g. 1.01.02.5111.0xx)

Employee Signature: _____

Date: _____

Approval Signature: _____

**** Attach detailed receipt or information to support claim (not debit receipt) below and send to Accounts for processing ****