Fruitport Community Schools
3255 E. Pontaluna Rd.
Fruitport, MI 49415

FRUITPORT
Community Schools

EXPENSE / REIMBURSEMENT VOUCHER

Name:		Date:	
Building:		Account #:	
Department:			

Supply Reimbursement:

Date	***Description***	***TOTAL***	***Acct. #***
Total			

Reason for purchase:

Grand Total			

Signature _____ Date _____

Approved by Bldg. Principal/Director_____ Date _____

**** Receipts must be attached ****