



LEE'S SUMMIT R-VII SCHOOL DISTRICT  
EMPLOYEE REIMBURSEMENT REQUEST

EMPLOYEE ID# \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

ACCOUNT KEY: \_\_\_\_\_

ACCOUNT OBJECT: \_\_\_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_ (Attach original receipts)

BUSINESS REASON FOR EXPENSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please note all reimbursements must be in Business Services 1 week prior to direct deposit date. Please see reverse side for details.)

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*Note\*\*\* A copy will need to be retained as a reconciliation of direct deposit into your account as no other paperwork will be sent.

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

(Original signatures are required)

**SEE REVERSE SIDE FOR DEADLINES AND PAY DATES**