

**Excalibur Charter School District
Employee Reimbursement Form**

Avalon _____ Excalibur _____ District _____

Date _____ Submitted by _____

Requisition for: _____ Club/ Activity

Supplies needed:

Requisition Approval _____ Date _____

*****All Reimbursements MUST first have a requisition approval by administration before purchasing any supplies.**

Amount \$ _____

Reimbursed with check no. _____

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