

**Excalibur Charter School District  
Employee Reimbursement Form**

Avalon \_\_\_\_\_ Excalibur \_\_\_\_\_ District \_\_\_\_\_

Date \_\_\_\_\_ Submitted by \_\_\_\_\_

Requisition for: \_\_\_\_\_ Club/ Activity

Supplies needed:

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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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