EXPENSE REIMBURSEMENT FORM

To: Franklin County Technical School

82 Industrial Boulevard

Turners Falls, MA 01376

Date: _____

From: _____

_____

Department: _____

DATE	Account #	Description	Total

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____

Director of Curriculum and Instruction **OR**
Director of Pupil Services (if Special Education or Guidance purchase)

Approved By: _____ Date: _____

Principal

Approved By: _____ Date: _____

Superintendent

Teacher Shared/forms/Expense Reimbursement