

Saginaw Township Community Schools

CUSTODIAL-MAINTENANCE CLOTHING ALLOWANCE REIMBURSEMENT

Name Month-Year Date Submitted

Date	Purpose	Account No.				Total
	Clothing Allowance	11E 261 5996 00000				
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	Clothing Allowance	11E 261 5996 00000				
	Clothing Allowance	11E 261 5996 00000				
	Clothing Allowance	11E 261 5996 00000				

Signature of Employee

Signature of Supervisor

Approval for Payment (Business Office)

Total Expense \$ _____

TOTAL AMOUNT DUE **\$ _____**

1. One copy must be submitted to the Business Office (Employee and Supervisor must sign form, account number must be included).
2. Attach original detailed receipts (copies of checks or credit card slips are not acceptable).