

# Regulation

FISCAL MANAGEMENT

4032.1

## PERSONAL PROPERTY – REIMBURSEMENT EXPENSE VOUCHER

### **PART I**

Employee's Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Program: \_\_\_\_\_ Division: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

I certify that the above statements are true and were performed within the scope of my employment and I was not personally negligent.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the above statements are true and were performed within the scope of the employee's duties and the employee was not personally negligent.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART II**

List of Damaged Items (Personal Cell Phone, Clothing, Eyeglasses, Watch/Jewelry, Other Personal Property, see Policy 4032): \_\_\_\_\_

\_\_\_\_\_

List of Replacement or Repair Costs (attach bills): \_\_\_\_\_

\_\_\_\_\_

I certify that the above statements are true and I am not entitled to reimbursement in whole or in part from any other sources:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Report Filed with Immediate Supervisor: \_\_\_\_\_

Date Report Filed with District Superintendent: \_\_\_\_\_

### **Part III**

District Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Madison-Oneida Board of Cooperative Educational Services

Approved by the District Superintendent: 10/26/18