



Employee Submitted - Reimbursement Appeal

Accounting
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
(907)761-4042

If you believe your Expense Reimbursement was adjusted or disallowed inappropriately, please complete this form and submit it to Accounting promptly. Your expense will be reviewed and you will be notified of any decisions made.

Name:

Reimbursement Information:

Employee ID:

Expense Claim Number:

Address:

Dollar Amount Requested:

Last Date Expense Occurred:

Date Claim was Submitted:

Per the letter received regarding your reimbursement, what percent was your reimbursement reduced?

Please provide an explanation as to WHY your Expense Claim was submitted late and WHY you are requesting an appeal for the adjustment to or disallowed reimbursement. Indicate any factors that played a role.

Employee Signature

Date

Supervisor Signature

Date