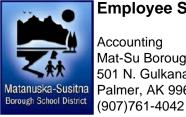
## **Employee Submitted - Reimbursement Appeal**



Accounting Mat-Su Borough School District 501 N. Gulkana Matanuska-Susitna Palmer, AK 99645

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:
	regarding your reimbursement, what percent was your reimbursement reduced?
	planation as to WHY your Expense Claim was submitted late and WHY you are requesting an ent to or disallowed reimbursement. Indicate any factors that played a role.
Employee Signature	Date Supervisor Signature Date