

POUGHKEEPSIE CITY SCHOOL DISTRICT

CSEA Maintenance / Nurses Unit Work clothes Allowance Year Ended June 30, 20__

Employee #

Employee Name:		Employee #:
Maximum Reimbursement: \$30		
ONE SUBMIT	ΓAL PER YEAR	A PER EMPLOYEE
Reimbursement dates:	Second payroll in November Second payroll in May	
Submit two weeks before p	ayroll date.	
Attach actual receipts to this	is form. Sales ta	ax is not reimbursable
<u>Item</u>		Amount
Total		
Maximun	n Allowance	\$300
Employee Signatur	e	Date
Payroll:	·	
		Date