

**AP:435 - Exhibit 2 - Employee Expense Form**

Name: Shawna Warren

Employee #: \_\_\_\_\_

[illegible]**TOTAL TO REIMBURSE: \$68.17**

**Certification:**

I hereby certify that the whole of the expenditures were for Division Business and that amounts claimed have not been previously paid to me or on my behalf.

**Central Office**  
**School/Location**

**Shawna Warren, Superintendent**  
**Employee Name**

**Tasha Oatway-McLay, Chair**

Supervisor Name

Sept 29, 2025  
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Sep. 29, 2025  
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