



**REQUEST FOR REIMBURSEMENT**

Person to be reimbursed: \_\_\_\_\_ Date: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

This form is to be used for purchase of goods, not for travel expenses.

Date	Description	Amount

**Grand Total Requested for Reimbursement** \$ \_\_\_\_\_

Budget Account Code to be Charged (total must equal total amount requested)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Purpose of Purchase

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_  
Teacher/Staff

Approved: \_\_\_\_\_  
Principal/Superintendent

**Guidelines for Reimbursement**

1. Employees must fill in this form and submit it to their Principal/Supervisor.
2. Original receipts are required for all reimbursements.
3. Tax will not be reimbursed.