

Reimbursement Request

Check Payable To: _____

Amount: _____

Requested by: _____

Date: _____

Principal Approval: _____

(Signature)

Date: _____

Budget Area: _____

Reason For Disbursement:

(Receipts of invoices must be attached for all reimbursement requests)

OFFICE USE ONLY:

Approved: _____

Superintendent

Date: _____