

# 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)

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OFFICE USE ONLY:

Approved: \_\_\_\_\_

Superintendent

Date: \_\_\_\_\_