Request for Reimbursement

Date: _____

Person to be reimbursed: _____

Address (non-employee): _____

Please attach your receipt(s). Reimbursement will **not** be made without a receipt and appropriate approval. Employees will be reimbursed through the payroll.

Use this form **for all reimbursements**, including teacher's discretionary reimbursements (see below).

*Do **not** use this form for PTF reimbursement requests.*

Description	**Amount**	**GL Account**
Total		

Supervisor Approval (signature): _____

If in doubt, please ask Sara Postings in Accounts Payable (425-898-1720 ext. 309 or spostings@tbcs.org) for the appropriate GL account number.

Please note:

- Annual teacher's discretionary budget: $130
- New teacher classroom set-up budget: $200

Please submit this signed form with your receipts to Accounts Payable in the Main Building at Redmond Campus for processing.

Revised 5/31/2017