

Philomath School District 17J

REQUEST FOR REIMBURSEMENT

Date: _____	Attention:	Accounts Payable
Budget Year: _____	School- circle one	PHS PMS PES CPS D.O.
Acct # or description: _____	Address:	_____
Submitted by: _____	P.O. # if known	_____

Vendor	Description-How were items on receipt used	Amount
	Receipts are required	TOTAL

Check payable to: _____

Signature: _____

Supervisor's Signature: _____

Submit form w/receipts attached to your site office manager for processing.