



Davis School District

LEARNING FIRST!

## HUMAN RESOURCES DEPARTMENT

### *Fingerprinting & Background*

45 E State Street \* 801-402-5550

## BACKGROUND CHECK REIMBURSEMENT AUTHORIZATION

*Each person whose background is being paid for must bring a completed form with them at time of fingerprinting.*

I authorize payment for fingerprinting and background check for this individual from the following account:

Name: \_\_\_\_\_

Their Position: \_\_\_\_\_  Volunteer

Location/School: \_\_\_\_\_

Account #: \_\_\_\_\_

Printed Name of **Principal** or Department Director: \_\_\_\_\_

Signature of **Principal** or Department Director: \_\_\_\_\_

Phone

Number: \_\_\_\_\_ Email: \_\_\_\_\_

A notification will be emailed once the reimbursement is submitted.

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**FOR OFFICE USE ONLY – Info. Filled in by Fingerprinting Tech**

Date Submitted to Accounting for Reimbursement: \_\_\_\_\_

Total Amount Submitted for Reimbursement: \_\_\_\_\_ to **HR Acct # 2803**

Authorized By: \_\_\_\_\_