



Rankin County
School District

TRADITION OF EXCELLENCE

EXPENSE REIMBURSEMENT REPORT

Accounting Department | Rankin County School District | p 601.825.5590 | f 601.825.2618

Name: _____ Date: _____

Department: _____ Vendor ID: _____

Account Code: _____

Please use this form to request reimbursement for “out of pocket”, non-travel related expenses.
Original receipts must accompany this report.

DATE OF EXPENSE	BRIEF DESCRIPTION AND PURPOSE FOR ITEMS PURCHASED	COST
TOTAL COST:		

I certify the above expenses are true and unpaid and have been incurred while engaged in official RCSD activities. Receipts are included with this report.

SIGNATURE

APPROVAL AUTHORITY SIGNATURE

PURCHASING DIRECTOR

DATE