



Reimbursement Request Form

- Reimbursement Request **MUST** have all signatures.
- Submit reimbursement request within 5 days of purchase.
- District Violation Form **MUST** be attached.
- If using this form, attach to Requisition.

School/Organization: _____

Date: _____

PAYEE: _____

ADDRESS: _____

\$

AMOUNT

Group, Club or Class: _____

Explanation of Reimbursement: *(Receipt(s) MUST be attached)*

Signature of Payee

Signature of Campus Principal/ Director

Purchasing Coordinator

Assistant Superintendent of Business