Form 1163a
1/22

Lake Washington School District #414

Miscellaneous Reimbursement Request

1. All receipts must be original itemized receipts and securely stapled to this form.
2. Receipts cannot contain personal items and must be submitted within 30 days of purchase.
3. Signed completed forms must be received in Accounts Payable no later than 4:00 pm Monday for direct deposit to be made on the following Monday. Failure to fully complete the form or submit original itemized receipts will delay the reimbursement process.
4. **Miscellaneous reimbursement requests should only be used for purchases under $500.00.**
5. **Purchases of technology equipment, furniture, fixtures, rentals, or services must be on a purchase order and will not be reimbursed on this form.**

Fund: ☐ GF ☐ ASB ☐ CPF

Requestor: _____

Address: _____

Phone/Email: _____

Location/Dept:

Date	Vendor	Item and Purpose	Full Account Code	Amount
			Total from Reverse:	
			Grand Total:	

**Use the reverse side for additional items.*

For food/beverage purchases relating to meetings/events provide documentation for purpose, date, and time of event **along with roster of attendees**. Purchases are reimbursable only if they are in-compliance with the district's Food/Beverage Consumption policy. Refer to the district's Food/Beverage Consumption policy for guidelines.

Date	Start/End Time	Purpose of Event	What criteria or condition cited in Food/Beverage Consumption Policy is applicable to this event?	# of Attendees

Requestor's Signature Date

ASB Officer Signature (Secondary Schools Only) Date

Signature of Bookkeeper/Secretary Date

Dept. Head
ASB Advisor Signature Date

Name of Administrator **Signature** **Date**

****If the requestor is a school principal, approval from DSS is required****

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Continued from the front page:

Requestor:

Date	Vendor	Item and Purpose	Full Account Code	Amount
			Total:	

Carry total forward to front to form: