

Lake County Schools Request for Reimbursement

School _____ Date _____

Name _____

Amount _____ Account # to be Charged _____

Purchased From _____
(Attach dated and itemized invoice/cash register tape)

Signature _____

Printed Signature _____

Note -- No Sales Tax is to be Reimbursed for Items for School Use

MIS 75G 009 05/01/2007 New
Submitted by School Accounting Specialist/Finance

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