ORONDO SCHOOL DISTRICT No. 13

100 Orondo School Rd ORONDO, WA 98843 (509) 784-1333 FAX (509)784-0633

REIMBURSEMENT REQUEST

Name (signature): _____ Date: ____/_____/_____

I hereby certify under penalty of perjury that this is a true and accurate claim for necessary expenses incurred by me, and that no payment has been recived by me on account hereof.

- Please submit ORIGINAL recipts for any purchases.
- ATTACH PREVIOUSLY APPROVED REQUEST FRO PURCHASE.

ITEM	AMOUNT	PURPOSE /PROGRAM	Office Program Code

Purchase Total: $_____

APPROVED _____ DENIED _____ REASON FOR DENIAL _____

SIGNATURE _____