

BUCKS COUNTY TECHNICAL SCHOOL

REQUEST FOR REIMBURSEMENT

Date _____

NAME _____

PROGRAM/AREA _____

REASON FOR REQUEST _____

AMOUNT REQUESTED (all receipts **MUST** be attached) \$ _____

Payee Signature

Date

Supervisor Approval

Date

Recommended: () Yes () No

For Business Office Use Only

Business Administrator Approval

Date

Recommended: () Yes () No

Amount Approved \$ _____

Budget Code _____

Check Number _____

Check Date _____