



Public Schools of the Tarrytowns  
 200 North Broadway  
 Sleepy Hollow, NY 10591  
 914-332-6251

# REIMBURSEMENT CLAIM FORM

Date: \_\_\_\_\_

### Reimbursement Form Instructions

1. Administrative Signature required below.
2. Complete "Certification" below and SIGN.
3. Please note all pertinent information under "DESCRIPTION" necessary for a concise interpretation of reimbursement noting reason, place, dates, time, amounts, etc. to support your claim for reimbursement.
4. ATTACH ALL ORIGINAL RECEIPTS necessary to support claim.
5. ATTACH "MY LEARNING PLAN" FINAL APPROVAL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

QUANTITY & UNIT	DESCRIPTION "WHAT - WHEN - WHERE - WHY - HOW MUCH" ALL PERTINENT INFORMATION	AMOUNT
<u>Total</u>		

### ADMINISTRATIVE APPROVAL

Receipts Attached, Prices & Extensions are Completed,  
 Explanation Clearly Stated

APPROVED:

\_\_\_\_\_  
 Administrator's Signature

BUDGET CODE:

\_\_\_\_\_

### CERTIFICATION

This is to certify that the charges in the above account or claim have been actually performed, furnished, or delivered to the UFSD of the Tarrytowns, New York. That said claim is just, due & unpaid & that there are no offsets against same; that the items are correct; that the sums charged are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim; that no Federal, New York State or other taxes are included in this bill.

Total Amt. of Reimbursement: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_