TIGARD-TUALATIN SCHOOL DISTRICT 23J
Non-Employee Expense Reimbursement Form

- This form must be attached with receipts in Infinite Visions when reimbursing non-employees.
- Reimbursement must not be related to a Statement of Work (SOW), Service Agreement or Contract.
- Reimbursement must be for goods only.

Non-Employee Name: _____ Date of Request: _____

Address: _____

_____ Email: _____ Tel #: _____

Description of Purchase: _____

_____

Total Reimbursement Requested: $_____ Club/Group or Account Code: _____

By signing below I attest that the purchase is for the sole use of club/school/district activities and not for personal use.

Applicant's Signature: _____ **Date**: _____

***Bookkeeper - is this a new vendor?** **Yes** ☐ **No** ☐ *If yes, attach completed W-9 Form*
~Attach receipts in same order listed in the req. Create one pdf document to attach in Infinite Visions.

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