

**LAKE STEVENS SCHOOL DISTRICT  
EMPLOYEE REIMBURSEMENT REQUEST**

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Vendor No. (accounting only)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Position

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Building

**\*\*ATTACH ORIGINAL ITEMIZED RECEIPTS\*\***

DATE	VENDOR	DESCRIPTION	ACCOUNT CODE	AMOUNT
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			TOTAL	\$

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

\_\_\_\_\_  
Employee Signature  
*(please print and sign)*

\_\_\_\_\_  
Supervisor's Signature  
*(please print and sign)*