

CUSTODIAL SERVICES
REQUEST FOR REIMBURSEMENT

Name _____ Date _____

Purpose of reimbursement _____

Is this reimbursement for an allowable expense in a labor agreement? ____ yes ____ no

Approved by _____

Directions:

The following items must be submitted within 14 days to receive reimbursement.

- A copy of this form.
- A copy of the boiler license that was renewed.
- Copy of payment confirmation / receipt.

Scan all documents into an email and send to: custodial@spps.org

We will not accept faxes