

LIVERMORE VALLEY JOINT UNIFIED
SCHOOL DISTRICT
ASSOCIATED STUDENT BODY

REQUEST FOR REIMBURSEMENT

SCHOOL SITE _____

(PLEASE PRINT)

PO# _____ AMOUNT \$ _____ DATE _____

DESCRIPTION _____

RECEIPT ATTACHED? YES _____

NO _____ PLEASE EXPLAIN _____

MAKE CHECK PAYABLE TO:

NAME _____

ADDRESS _____

EMPLOYEE ID # _____

SIGNATURE _____

COMMENTS: