

**OFFICE USE ONLY:**

Vendor No. \_\_\_\_\_



**REIMBURSEMENTS CLAIM**  
**Great Neck Union Free School District**  
345 Lakeville Road  
Great Neck, N.Y. 11020

Employee Name: \_\_\_\_\_ Date of Claim: \_\_\_\_\_

Employee address: \_\_\_\_\_ Phone# (H) or (C) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee Identification Number \_\_\_\_\_ Please check if applicable: Conference  Mileage

Employee Building Location \_\_\_\_\_

Bargaining Unit \_\_\_\_\_

Date of Expense(s)	Purpose of Expenditure	Cost
PO No. (if applicable)	<b>TOTAL COSTS:</b>	

**Employee Must Sign This Certificate.** This is to certify that the items detailed in this reimbursement claim, amounting \$ \_\_\_\_\_, have been actually purchased, performed and/or attended by the employee of the Great Neck Union Free School District, Great Neck, N.Y.; and that said claim is just, due and unpaid and that there are no offsets against same; that the items and specifications therein are correct; that the same charges are reasonable; that no payment has been made on account thereof, except as included or referred to in such account or claim; that the employee understands the amount to be reimbursed is within the contractual limits as per their bargaining unit contract.

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

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Administrator

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

\_\_\_\_\_  
Date

Please note: Purchase Orders are required for reimbursements pertaining to conference, mileage and tuition.