



Romoland School District Employee Request for Reimbursement

DATE: _____ PR/PO #: _____

NAME: _____ School/Dept. _____

For services/supplies listed below:	Purpose/Event:	Amount/s:
		TOTAL: \$ _____

Services/supplies received by:

Signature of District Employee

Signature of Principal or Department Head

Title of Employee

Signature of District Office Approval

Please note: Original, itemized receipts must be attached. Please do not alter receipts.

Reason why Purchase Order was not used before purchase:

Expense Reimbursement Directives

1. Attach and tape edges of all receipts to a separate sheet of paper for each receipt.
2. **Copies will not be accepted.**
3. All receipts must be itemized, showing items purchased, not just the credit card receipt with a total spent.
4. Do not use highlighter on the receipts, it erases the ink.
5. Have all authorizing signatures on your form before turning into Business Services for reimbursement. This includes employee, supervisor and/or District Office Administrator.
6. Must have a PR entered or a Purchase Order for payment
7. Delivery address must be to the school site and/or District location to be reimbursable.
8. For food reimbursement, attach a copy of the agenda and sign-in sheet for the event the food was provided for.
9. All reimbursements must have this blue form filled out, and the original receipt of purchase.