

**LAKE STEVENS SCHOOL DISTRICT  
EMPLOYEE REIMBURSEMENT REQUEST**

***In accordance with recommended best practices,  
all reimbursement expenses are to be submitted  
no later than 30 days after the transaction.***

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

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

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

\_\_\_\_\_  
Position

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

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

\_\_\_\_\_  
Building

| DATE | VENDOR | DESCRIPTION | ACCOUNT CODE | AMOUNT |
|------|--------|-------------|--------------|--------|
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             |              | \$     |
|      |        |             | TOTAL        | \$ 0   |

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)