



BUCKEYE LOCAL SCHOOL DISTRICT

Reimbursement Receipts for Employee Purchases

Date: _____

PO Number: _____

Reimbursement Issued to and Address):

Name _____

Address _____

Please attach Itemized Receipts.

****Ohio Revised Code Prohibits Buckeye Local School from reimbursing Sales Tax****

Vendor Name	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL REQUEST FOR REIMBURSEMENT	\$

EMPLOYEE SIGNATURE: _____ DATE: _____

ADMIN/SUPERVISOR SIGNATURE: _____ DATE: _____

TREASURER SIGNATURE: _____ DATE: _____