Douglas County School District
EMPOWER • PREPARE • INSPIRE • CONNECT

DOUGLAS COUNTY SCHOOL DISTRICT

Request for LATE Reimbursement*

Date: _____

EMPLOYEE NAME (Payee): _____

PURPOSE OF EXPENDITURE (be specific): _____

_____

_____

AMOUNT OF REIMBURSEMENT: _____

BUDGET CATEGORY: _____

Signature of Employee Requesting Disbursement: _____

Supervisor Signature: _____

(Original invoices and/or supporting documents must be attached to this form) Rev: 8/2016

*LATE Reimbursement is anything defined as submittal for reimbursement after more than 60 days from the time of purchase. This reimbursement will be completed through Payroll as a TAXABLE FRINGE BENEFIT. The timeframe is determined by the date stamp on the receipt until the time A/P receives the reimbursement request.

BUSINESS SERVICES
ACCOUNTS PAYABLE USE ONLY

_____ **Date Received**

_____ **Date Reviewed and Approved for Disbursement**

_____ **Date Processed by Payroll**