COUNCIL ROCK SCHOOL DISTRICT

ADMINISTRATION & BUSINESS OFFICES
30 North Chancellor Street
Newtown, PA 18940
Telephone: 215-944-1040
Fax: 215-944-1041

EXPENSE REIMBURSEMENT REQUEST

I certify that this is a true and correct claim for necessary expenses incurred, and no payment was made to reimburse me for these costs. I also understand that the sales tax paid on items purchased by me are not reimbursable. Reimbursement requests must be submitted as soon as possible. Requests submitted after sixty (60) days from the expense will not be accepted. Original receipts are required for reimbursement.

DATE	REIMBURSEMENT DESCRIPTION	BUDGET CODE	ORIGINAL RECEIPT ATTACHED?	AMOUNT

Valid only when signed by the requester and requesters supervisor. Please attach your completed form to your Munis requisition and interoffice all required paperwork and backup to Darshana Mhatre at the Chancellor Center or email dmhatre@crsd.org.

Vendor Number: _____

Requester Name: _____

Requester Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Thank you,
Council Rock School District
Business Office