



Philomath School District

REQUEST FOR REIMBURSEMENT

Attention: Accounts Payable - District Office

Account # / Description:

Date:

Employee Name:

Building:

Vendor	Description	Amount
	<i>Itemized receipts are required for meal/travel expenses</i>	TOTAL

Employee Signature:

Supervisor's Signature:

Submit form w/receipts attached to your site office manager for processing
Receipts older than 60 days may not be eligible for reimbursement.