

Jackson County School District

TO: Accounts Payable

FROM: _____

DATE: _____

REIMBURSEMENT OF ACTUAL COSTS

CDL	\$ _____
CDL RENEWAL	\$ _____
CDL MEDICAL EXAM (\$150.00 LIMIT)	\$ _____
TOTAL	\$ _____

Receipts attached

Coding: 1120-900-2720-810- _____

Please make check payable to the following listed employee:

NAME _____

PICK ONE BELOW

ADDRESS _____

BUS DRIVER

CITY _____ STATE _____ ZIP _____

COACH

POSTED IN DATABASE _____ ATTENDANCE CNTR _____

Asst. Superintendent signature

Thank you for your assistance with this request