Reimbursement Request 2026-2027

Staff Member Name:_____ Date:_____
Reason For Purchase: _____

Item(s) or Service(s)	Vendor/Store Name	Amount
		$
		$
		$
		$
Miles @ .76 per mile	Travel Reimbursement	$
*Mileage paid for school sponsored events/trips only (Chaperone, PSIA Coordinator, PD, etc.)	Total	$

*It is required to attach or submit receipt(s) with this form to be approved.

Check the below that apply.

☐ School expense was paid by staff member, reimbursement check payable to staff member.

☐ $100 Classroom Allowance (no pre-approval required)

☐ Pre-approvals by S. Judice or S. Biggs attached

Approved by: _____ Date: _____