SCHOOL ADMINISTRATIVE UNIT 70

41 Lebanon Rd, Hanover, NH 03755 (603) 643-6050 Fax (603)-643-3073

_____School District

REQUEST FOR PAYMENT

VENDOR NAME		PURCHASE ORDER #	
VENDOR ADDRESS		PAYMENT NUMBER	
		DATE	
		VENDOR NUMBER	

A - EXPENSE PAYMENT / REIMBURSEMENT

DATE	DESCRIPTION OF EXPENSE	ACCOUNT NUMBER	AMOUNT
TOTAL			

B- TRAVEL REIMBURSEMENT

DATE	PURPOSE	FROM	TO	MILES	RATE	AMOUNT	OTHER	TOTAL
					0.76			
					0.76			
					0.76			
					0.76			
					0.76			
TOTALS								

ACCOUNT DISTRIBUTION & CERTIFICATION BY REQUESTER/AUTHORIZER

As per District Policy GCIA Travel and Reimbursement along with the procedures listed in GCIA-R, by signing this request for reimbursement, I affirm that I have:

_____not gained personal funds by incurring business expenses while conducting district business.

_____deducted the earned rewards from District business in the amount of $_____ from my reimbursement request

I further understand that my credit card statement may be requested if there are concerns.

Account Number	Amount	Requested By	
		Date	
		Principal	
This Page Total		Date	
		Alternate Authorizer	
Total		Date	