

## REIMBURSEMENT REQUEST

Name: \_\_\_\_\_  
(please print clearly)

Date: \_\_\_\_\_

P.O. Number: \_\_\_\_\_

Purpose reimbursement is requested:

\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

- *No personal items should be included on the receipt.*
- *Sales tax WILL NOT be reimbursed.*
- *ALL purchases listed on the attached receipt were for school related items.*
- *If credit card is used, please include proof of payment (credit card statement).*
- *Use of credit card allowable as long as no perks are on the card.*
- *If food purchase for multiple people, include list of names.*

**Your signature means you have  
complied with the above procedures.**

\_\_\_\_\_  
Signature of Person Making Request

## Tape Receipt Here

1. All printing on the receipt must be clearly visible.
2. Do not write over any of the printing on the receipt.
3. Do not highlight or mark any part of the receipt.

**TAPE  
RECEIPT  
NEATLY  
IN  
THIS  
SPACE**

**If food purchase,  
attach list of  
names.**