## **Non-Travel Reimbursement**

DATE:

DATE NEEDED:

## **Crossett School District**

"A Tradition of Excellence"

219 Main Street Crossett, AR 71635 Phone: 870-364-3112 Fax: 870-364-3423		FOR:  MAKE CHECK TO:	
		DESCRIPTION	
Receipts for ALL expenditures must be attached to the	nis request.	TOTAL	\$ -
Budget Unit(s) for payment:			Office Use ONLY
			P.O. #
			P.O. Date
1			Req.
Signature of Requestor:			Denial Reason:
(D. 11   10   10   10   10   10   10   10			Deniai Reason.
Approved by: (Building Level/Supervisor)			
Approved by: (Central Office Level)			