

This form is *NOT* to be used for salaried items, purchase order items, travel, or Professional credits.

## FORM FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES

**IMPORTANT:** You must attach the original dated receipt if the reimbursement is for an item Purchased, and a purchase order was not used.

**TO:** Accounts Payable  
Superintendent's Office

**FROM:** Name of Person to be Reimbursed: \_\_\_\_\_

School: \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AMOUNT TO BE REIMBURSED:** \_\_\_\_\_

**WHICH ACCOUNT # OR GRANT:** \_\_\_\_\_

**REASON:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINCIPAL

APPROVED \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT

APPROVED \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_