

CHECK REQUEST/REIMBURSEMENT FORM

SCHOOL DISTRICT OF CAMBRIDGE

School Year 20____ - 20____

This form is used to request check payment to:

- A Vendor that would not accept a purchase order
 - Specify Date, Description of Purchase, Reason for Purchase and Amount
 - Invoice must be attached
- An Individual seeking reimbursement for expenses already paid
 - Specify Date, Description of Expense, Reason for Expense and Amount
 - Itemized Receipt with proof of payment must be attached
- An Individual seeking reimbursement for mileage
 - Specify Date, Location Traveled, Reason for Travel, and number of Miles Traveled
 - Business Office will calculate your reimbursement based on the annual IRS per mile rate

Sales tax is not reimbursable. Avoid this expense by utilizing our tax exempt certificate at time of purchase/service. Certificates are available in the business office.

Pay to the Order Of:

_____ (Name of Vendor for Check Request / Name of Individual for Reimbursement)

_____ (Address – if new to our system)

- Check should be mailed Check should be returned to Staff Member
Default action if no selection is made

Date	Description/ Location	Reason	Amount/ Miles Traveled
Grand Total			

REQUESTED BY: (Staff Member) _____

- Athletic
 Activity

ACCOUNT CODE: General _____

SUPERVISOR'S APPROVAL: _____ **DATE:** _____

Note: Krista Jones approves all Special Ed Account Requests ; Mike Klingbeil approves all Athletic Account Requests ; Activity Account Treasurer approves Activity Account Requests ; and Supervisors approve all other Account Requests.