REIMBURSEMENT REQUEST OVER $300

Date:_____

Directions: The top portion of this form is filled out by school. Once the top portion of this form is completed, please submit to the Chief of Schools for approval.

School Name:_____ School Number:_____

Principal Name: _____

Principal Signature:_____

Did you receive advanced permission for this purchase? No

If yes, list the person providing permission for this purchase and date of request:

Name:_____ Date:_____

Name of Staff Member to be reimbursed:_____

Position: _____

Amount of Reimbursement: $_____

List purchase(s) made and amount spent on each item:

Provide an explanation regarding the need and/or immediacy of this purchase:

Note: The district is not able to reimburse for sales tax. All expenses to be reimbursed must be allowable under the fund designated for reimbursement. The school must have the funds within their accounts for the reimbursement.

To be filled out by district:

After review, this reimbursement is: ‘ Approved ‘ Denied

Signatures:

Chief of Schools:_____ Date: _____

Deputy Superintendent:_____ Date: _____

Comments: (Optional)

Original form retained by the district, with copy provided to the school to retain for audit purposes.