



Reimbursement Form

Fill out the form below completely. Copies of all receipts should be attached to this form. Form must be signed by both claimant and District representative.

Date: _____

Submitted By: _____

Project/Reason: _____

District Name: _____

Board Approval Date: _____

Description of Purchase(s) or Items Claimed

*receipts or backup documentation for all items must be attached

Amount

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total | _____ |

Claimant Signature _____

Check Number _____ Amount _____ Date _____

Approval Signature _____

*Approval signature may NOT be the claimant