

REIMBURSEMENT REQUEST FORM

La Center School District No. 101
 PO Box 1840; La Center, WA 98629

EMPLOYEE NAME: _____

DATE: _____

DATE OF PURCHASE	PAID TO	ITEM	PURPOSE	AMOUNT	FUND	ACCOUNT CODE	OFFICE CT

I hereby certify that this is a true and correct claim for necessary expenses incurred, and for which I have not been reimbursed in any form.

 EMPLOYEE SIGNATURE

 DATE

 SUPERVISOR APPROVAL SIGNATURE

 DATE