

EMPLOYEE REIMBURSEMENT CERTIFICATION FORM

PLEASE PRINT FIRST AND LAST NAME

PERSON TO BE REIMBURSED: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE, EMAIL OR EXTENSION _____

AMOUNT TO BE REIMBURSED: _____

DESCRIPTION OF PURCHASE: _____

BUDGET ACCOUNT NUMBER:

Fund	Organization	Account	Program	Activity or Course for Cont Ed	Section for Cont Ed	AMOUNT

IMPORTANT: ONLY DISTRICT RELATED ITEMS WILL BE REIMBURSED. NO PERSONAL ITEMS MAY BE INCLUDED IN THE REIMBURSED AMOUNT.

THIS IS TO CERTIFY THAT PURCHASES WERE MADE FOR LEGAL SCHOOL DISTRICT PURPOSES ONLY, AND THE PERSON STATED ABOVE IS SUBMITTING THE ATTACHED CASH REGISTER TAPES OR RECEIPTS FOR REIMBURSEMENT. ATTACH ORIGINAL RECEIPTS TO THIS FORM.

SIGNATURE OF PERSON TO BE REIMBURSED

AUTHORIZED DISTRICT SIGNATURE

TITLE _____ DATE _____