

Newhall School District | Reimbursement Request

Employee Name: _____

Work Site: _____ Position: _____

Date	Vendor	Item Purchased	Price
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total:			\$

-THIS REQUEST WILL NOT BE PROCESSED WITHOUT AN APPROPRIATE ACCOUNT STRING & DESCRIPTION BELOW-

Account: _____ - _____ - _____ - _____ - _____ - _____
Fund Resource Goal Function Object Location

Describe the purpose of this expense and activity: _____

I hereby certify that this represents the actual & necessary expenses in connection with the activity/purpose above.

Employee Signature: _____ Date: _____

– Reimbursement Approval –		
Principal or Supervisor:		Date:
Assistant Supt. Business:		Date: