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
						$ 0.00	

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