Refer to P.O. #_____

NICASIO SCHOOL DISTRICT
Request for Reimbursement

Vendor Number: _____

Payee's Name: _____

All original receipts must be attached to the back of this form. Provide a description of the vendor and the items for which you are requesting reimbursement. Include the amount listed on each individual receipt and record the total of all receipts combined. Submit request for reimbursement to the Office Manager for processing. Processing may take 2-3 weeks.

Date	Vendor	Description	Amount

Total Reimbursement Requested: $ _____

By signing below, the employee acknowledges that the expenditure(s) listed above are official and lawful school expenditures which have been paid out-of-pocket by the employee.

Payee's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____