

Philomath School District 17J

REQUEST FOR REIMBURSEMENT

Date: _____ **Attention:** Accounts Payable

Budget Year: _____ **School:** _____

Acct # or description: _____ **Address:** _____

Submitted by: _____ **P.O. # if known:** _____

Vendor	Description-How were items on receipt used	Amount
	Receipts are required	TOTAL

Check payable to: _____

Signature: _____

Supervisor's Signature: _____

Submit form w/receipts attached to your site office manager for processing
Receipts older than 60 days may not be eligible for reimbursement.