SCHOOL DISTRICT 12

CENTENNIAL SCHOOLS #12

REIMBURSEMENT/CHECK REQUEST

Date _____

Payable To _____
Name

_____
Address

_____
City, State, Zip

This form is to be used for certain reimbursement or payment requests for which a Requisition (and subsequently a Purchase Order) would not be appropriately used. Examples would include small out of pocket disbursements, payment of utilities, payments to individuals not employed by the district for services rendered, and tuition payments to other institutions.

DESCRIPTION OF REQUEST	AMOUNT
TOTAL	

Attach Receipts, Invoices, etc.

APPROVALS

I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

_____ / / _____
PRINCIPAL SIGNATURE DATE

_____
SIGNATURE OF CLAIMANT

_____ / / _____
DISTRICT WIDE ADMINISTRATOR SIGNATURE DATE

NOTE: ACCOUNT NUMBER MUST BE COMPLETED BY CLAIMANT (REMAINDER COMPLETED BY BUSINESS OFFICE.)

ACCOUNT NUMBER	AMOUNT	ADDRESS	VENDOR NUMBER	INVOICE NUMBER