

REQUEST FOR REIMBURSEMENT/PREPAYMENT

PAYEE: _____ School/Dept. _____
 _____ Date _____
 Street/P.O. Box _____

 City State Zip

-	-			-	
Fund	Resource	Goal	Function	Object	School
xx-xx	xxxx-xxx	xxxx	xxxx	xxxx-xxx	xxx

Quantity	Description	Unit Price	Extended Price

CASH RECEIPT OR INVOICE MUST BE ATTACHED **TOTAL:** _____

Explanation: _____

Principal's Approval _____ Date _____

Administrator's Approval _____ Date _____ Business Approval _____

BUS20-1999 White: Business Canary: Accts. Payable Pink: Originator