

# **THERMALITO UNION ELEMENTARY SCHOOL DISTRICT**

## **REIMBURSEMENT REQUEST FORM**

Date: \_\_\_\_\_

Preapproved By: \_\_\_\_\_ (attach applicable documentation)

Amount Not to Exceed: \_\_\_\_\_

Requested By: \_\_\_\_\_

Account Code: \_\_\_\_\_

**\*\*\*All Itemized Receipts Must Be Attached\*\*\***

**Complete Name and Address of Payee:**

Payee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Payee Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Vendor	Description of Items or Service Ordered	Total Cost

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Administrator/Supervisor Approval

\_\_\_\_\_  
Assistant Superintendent of Business