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