

Staff Expense Reimbursement Request Form

Sequim School District No 323

This form is used by staff to request reimbursement for purchases made on behalf of the Sequim School District

Building Administrator / Supervisor Signature _____

I hereby certify under penalty of perjury that the employee had prior approval for the below purchase(s).

Account Code _____

Building / Department _____

Employee Name _____ Amount : \$ _____

Home Address _____

Please describe purpose of items purchased and attach itemized receipt(s):

Employee Signature _____ Date _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expense incurred by me and that no payment from any entity has been received or requested by me on account thereof.

Please attach original sales receipt for reimbursement on items purchased within past 90 days.

Receipts must contain the business name and address, detailed information of items purchased, total of purchase in US funds, and the date of the purchase.