

**RIM OF THE WORLD UNIFIED SCHOOL DISTRICT
EMPLOYEE REIMBURSEMENT FORM**

EMPLOYEE NAME: _____

LOCATION/SITE: _____

DATE OF PURCHASE: _____

PURCHASE ORDER NUMBER: _____

ITEMS PURCHASED	COST

TOTAL (INCL. TAX) _____

I certify that the above items were purchased for school district purposes and constitute a legal charge against the above named school district and request reimbursement for same.

EMPLOYEE SIGNATURE: _____

DATE: _____

*****RECEIPTS FOR ALL PURCHASES MUST BE ATTACHED*****

*****SUBMIT INVOICE/RECEIPTS AND THIS FORM IN TRIPLICATE*****