

**RIM OF THE WORLD
UNIFIED SCHOOL DISTRICT
EMPLOYEE REIMBURSEMENT**
Non-Managers (Not to Exceed \$100.00)

EMPLOYEE NAME: _____

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**