

**ASHFORD SCHOOL**  
**REQUEST FOR REIMBURSEMENT**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

PURCHASE AMOUNT: \_\_\_\_\_ RECEIPT ATTACHED: YES or NO

PURPOSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUPERVISOR APPROVAL:

FUNDING SOURCE: \_\_\_\_\_

INCLUDED IN BUDGET: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

BUSINESS OFFICE USE ONLY:

BUDGET ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

BUDGET ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

TOTAL AMOUNT FOR REIMBURSEMENT: \_\_\_\_\_

BUSINESS OFFICE REVIEWED BY: \_\_\_\_\_

SUPERINTENDENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_