

REIMBURSEMENT REQUEST

School/Dept./Div. _____

Location Code _____ Telephone _____

<p>Check No. or Reimbursement No.</p> <p>_____</p> <p>Please Print</p> <p>Reimbursement for school checks must be submitted separately. School Check Number must be used for If your reimbursement does not involve a school check, you may create your own reimbursement number using alpha-numeric 10 digit maximum.</p>
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Requisitioner

<p>Pay to: _____</p> <p>Pay to Address: _____</p> <p>Vendor Number _____ (required) or secure Bid Request Application from the Procurement Web Page; have vendor complete and return to you for submitting with your Payment Request. If business is registered in Shelby Co. - Business License Number _____</p>

Fund	Function	Object	Department	Location	Project	Invoice Number or Description of Payment <small>Attach original invoice, registration form, subscription renewal form, contract, etc.</small>	Budgetary Total
							<p>\$ -</p> <p>Payment Total</p>

Justification: _____

- A** Superintendent _____ Date _____
- P** Director _____ Date _____
- P** Principal _____ Date _____
- O** Department Head _____ Date _____
- V** Manager _____ Date _____
- E** _____ Date _____
- D** Other (Title) _____ Date _____