

**WASHINGTON COUNTY SCHOOL DISTRICT CLAIM REIMBURSEMENT FORM**

Attach all accompanying receipts.

All documents related to school expenditures are public records. Somebody with no knowledge of the day-to-day operations at the school should be able to review this form and the attached receipt(s), and conclude that the expenditure was an appropriate use of school funds. Please provide a detailed explanation of how the purchase will be used by the school or meet a school-related purpose. Without this sort of justification, an auditor or a concerned citizen may jump to the wrong conclusion, and employees could be accused of using school funds inappropriately.

EMPLOYEE NAME: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

DATE	VENDOR	DETAILED DESCRIPTION & PURPOSE OF ITEMS PURCHASED	AMOUNT

TO BE PAID OUT OF ACCOUNT: \_\_\_\_\_ TOTAL REIMBURSEMENT \$ \_\_\_\_\_

OTHER INSTRUCTIONS: \_\_\_\_\_ PLEASE MAIL  PUT IN MY BOX

CLAIMANT'S CERTIFICATION	
I hereby certify that this is a true and correct claim for necessary expenses incurred by me, and that I have not already received payment for these costs.	
SIGNATURE _____	DATE _____

ADMINISTRATIVE APPROVAL	
SIGNATURE _____	DATE _____

**WASHINGTON COUNTY SCHOOL DISTRICT CLAIM REIMBURSEMENT FORM**

Attach all accompanying receipts.

All documents related to school expenditures are public records. Somebody with no knowledge of the day-to-day operations at the school should be able to review this form and the attached receipt(s), and conclude that the expenditure was an appropriate use of school funds. Please provide a detailed explanation of how the purchase will be used by the school or meet a school-related purpose. Without this sort of justification, an auditor or a concerned citizen may jump to the wrong conclusion, and employees could be accused of using school funds inappropriately.

EMPLOYEE NAME: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

DATE	VENDOR	DETAILED DESCRIPTION & PURPOSE OF ITEMS PURCHASED	AMOUNT

TO BE PAID OUT OF ACCOUNT: \_\_\_\_\_ TOTAL REIMBURSEMENT \$ \_\_\_\_\_

OTHER INSTRUCTIONS: \_\_\_\_\_ PLEASE MAIL  PUT IN MY BOX

CLAIMANT'S CERTIFICATION	
I hereby certify that this is a true and correct claim for necessary expenses incurred by me, and that I have not yet received payment for these costs.	
SIGNATURE _____	DATE _____

ADMINISTRATIVE APPROVAL	
SIGNATURE _____	DATE _____