

# MISCELLANEOUS OUT-OF-POCKET REIMBURSEMENT

(Per Board Policy, **Staff Reimbursements** limited to \$50.00 per person per day)

Date \_\_\_\_\_

Please reimburse \_\_\_\_\_

for the out-of-pocket purchase in the amount of \$ \_\_\_\_\_

Cost to be charged to budget code (        ) (        ) (        ) (        )

Description of materials purchased \_\_\_\_\_

\_\_\_\_\_

**NOTE:** *Staple receipts to this form and return to the Business Office.*

\_\_\_\_\_  
SCHOOL NAME

WHITE: Business Office  
YELLOW: File in School Office

1041 Rev. 6/09

\_\_\_\_\_  
ADMINISTRATOR'S SIGNATURE

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