

Seeley Union School District

MATERIALS/SUPPLIES REIMBURSEMENT FORM

Date Submitted: _____

Name: _____ Position: _____

VENDOR NAME	SUMMARY OF ITEMS PURCHASED	PURPOSE/PROJECT	RECEIPT TOTAL
TOTAL: (ALL RECEIPTS TOTAL)			

EMPLOYEE SIGNATURE: _____

*Original invoices/receipts must be attached in order to submit claim to Accounts Payable.
No claims will be processed without a receipt. Please allow 1 -2 weeks for reimbursement.*

ACCOUNT LINE

Line #	FD	RE	PY	GO	FN	OB	SI	%		TOTAL AMOUNT CLAIMED

APPROVED BY: _____
ADMIN OFFICE

DATE: _____