



Franklin Central Supervisory Union Request for Reimbursement

Important: Every request for reimbursement must be accompanied by this form, an original receipt, and be approved by the Principal/Superintendent or it will not be processed. *Sales tax *will not* be reimbursed, please be sure to use your school tax-exempt number when purchasing.

Requested By: _____ of _____
Printed Name School

Check made payable to: _____
(If other than requestor, please print)

Exact amount to be reimbursed: \$ _____*

Brief description of product and reason:

There are purchasing procedures in place. No purchasing should be done outside of the guidelines set by your Principal/Superintendent. Please address, *in detail*, the circumstances surrounding any reimbursement not pre-approved. (i.e., why wasn't a purchase order used)

Requestor signature: _____ Date: _____

Department Chair signature (if applicable) _____ Date _____

Principal/Superintendent signature _____ Date: _____

Charge to:

Amount: \$ _____ Acct: _____

Amount: \$ _____ Acct: _____

Central Office Use:

___ Paid exactly as requested ___ Not paid as requested – Explanation & Initials

OVER

If you have multiple receipts from a conference / trip :

Name of Conference: _____
(Attach description of conference)

*Up to \$40.00 per day for meals allowed if proper documentation is attached. No credit card slips.

DATE	MEALS	TRAVEL	PARKING	SUPPLIES

Other: