

**REQUEST FOR REIMBURSEMENT**  
(WITH PRIOR APPROVAL)

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

School: \_\_\_\_\_

Approximate Cost: \_\_\_\_\_

Reason for Request:

a. Item(s) to be purchased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Reason for purchase: \_\_\_\_\_  
\_\_\_\_\_

c. Reason for **not** using the Purchase Order system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator indicating PRIOR Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ASB Officer (if appropriate)

\_\_\_\_\_  
Account Code

**Claimant Statement**

I, \_\_\_\_\_ hereby request reimbursement for the purchase of the above item(s). The amount of my request for reimbursement is \_\_\_\_\_.

Attach original of receipts (if co-mingled with other purchases, indicate on the receipt the items purchased).

**Certification by Administrator**

I, the undersigned, do hereby certify under penalty of perjury that I have personally verified that the materials and/or services described in this document have been furnished or rendered to Blaine School District and that the claim for payment of such is just, due, and an unpaid obligation against the Blaine School District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Building/Dept.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ASB Officer (if appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Business Office

\_\_\_\_\_  
Date