



## District Reimbursement Form

To be filled out if requesting reimbursement for  
Authorized out-of-pocket expenses

1. This form must be submitted with your first reimbursement request each year
2. Send completed form to Accounts Payable Department or requester
3. Proper back-up documentation including itemized receipt must accompany request for reimbursement

Legal Name:
Address (number, Street, apt.):
City, State, ZIP code:
Telephone number:
Email address:
Location/School/Department:
Social security number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature:	Date:
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