



CHECK/REIMBURSEMENT REQUEST

School: BCS School Code: 15K448 Date: _____

Amount of expenditure: \$ _____ Date of expenditure: _____

Purpose of purchase: _____

Please note that we cannot reimburse tax. If planning any school-related purchases, find a tax exempt form in 410.

Check payable to: _____

File # _____ *(for teachers being reimbursed)*

Ref #/Emp ID _____ *(for teachers being reimbursed)*

Address: _____

Phone: _____

AUTHORIZING SIGNATURES:

Purchaser/Teacher

Principal (or designee)

Secretary/Business Mgr

INVOICE/RECEIPTS MUST BE ATTACHED