Issaquah School District

6213.1F1

565 NW Holly St
Issaquah WA 98027-2899

Materials Reimbursement

Print Name_____ Building/Dept. _____
(Last, First, Middle)

Address_____ Phone No._____

City/State_____ Zip Code_____

District Policy: Principals/Department Heads may give employees authorization to purchase supplies or materials without a purchase order and to be reimbursed for those purchases. The purchases must not exceed **$300.00** and **cannot** include equipment, travel or contractual expenses. **Original receipts** are required for reimbursement. Remember--a credit card slip is not a receipt. You must submit the actual itemized receipts/invoices from the vendor in order to be reimbursed.
Reimbursable items must be clearly identified on each receipt.

Receipt Date	List of Receipts/Reason for Expenditure	Amount
	Total Reimbursement Request	

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee Signature: _____ **Date**: _____

Principal/Department Head Approval:_____

If ASB: Student Officer Approval:_____

Acct Code:_____ **Date:**_____