

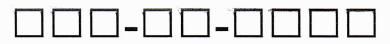
District Reimbursement Form

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

- 1. Send completed form to Accounts Payable Department or requester
- 2. 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:

Social security number:



Signature:

Date: