



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:

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Signature:

Date: