

# SEDONA-OAK CREEK SCHOOL DISTRICT REIMBURSEMENT FORM

Name: \_\_\_\_\_ Purchase Order # \_\_\_\_\_ \*

(Person Incurring Expense) (Required)

Date	Purpose of Expense	Amount
<b>TOTAL</b>		

Accounting Code: \_\_\_\_\_

I hereby certify that the expenses incurred were for the express purpose of performing official duties; that the information given is true in all respects and that no claim against the district has before been made for any part thereof, or paid from any other source of funding.

\_\_\_\_\_  
Signature of Claimant \_\_\_\_\_  
Date

Approval: \_\_\_\_\_  
Signature of Authorized Official

\* Requests for reimbursement can only be processed against an open/valid purchase order up to the stated amount