

REQUEST FOR REIMBURSEMENT CHECK

(This will be paid from the school's mandated funds. A purchase requisition must be entered in the apscn system.)

Pay to the Order of: _____

Date: _____

Vendor #: _____

Name: _____

Address: _____

Amount: \$ _____

Purpose or Description

Requested By _____

Date _____

Approved By _____

Date _____

TO BE COMPLETED BY SCHOOL BOOKKEEPER	
	Are receipts attached?
	Date purchase requisition entered
	What is the PO number for this payment?