

**La Conner School District
Expenditure Reimbursement Form**

Claimant Information

Claimant Name: _____

Date of Request: _____

Mailing Address: _____

City/St/Zip: _____

Phone Number: _____

Pre-Approval

*All purchases should be pre-approved through the proper channels including a supervisor/budget manager and district office approval. All effort should be made to make purchases with vendors who will accept a purchase order first. In the case this is not possible, pre-approval should still be obtained prior to the purchase. Pre-approval of a reimbursement should be obtained by submitting a requisition with the claimants name as the vendor. The purchase should not be made until after the purchase order to the claimant has been fully processed. **Failure to follow these procedures without reasonable explanation could result in future reimbursement requests being denied.***

Was a purchase order approved and issued for this purchase?

Yes, PO Number: _____

No, Explanation of why this purchase was not pre-approved (be specific):

Expenditure Information

Date of purchase: _____

Reason for purchase: _____

Name of Store/Company	Amount of Purchase	Was Sales Tax Paid (Y/N)	Is Receipt Attached?
Total:			

*****Required: Itemized receipts with proof of payment must be attached to this request. Tape Receipts to a blank piece of paper.*****

Authorization:

I, the undersigned, do hereby certify under penalty of perjury that the claim is just, true and unpaid obligation against the La Conner School District and that I am authorized to certify said claim.

Signature: _____

Date: _____

Approval: Only required if no purchase order was previously issued.

Account Code: _____

Supervisor/Budget Approval: _____

Business Manager: _____

Please submit this completed form to the Business Office timely for processing.
Checks are cut twice per month around the 15th and end of the month.

Updated 6/2022