

# Seeley Union School District

## MATERIALS/SUPPLIES REIMBURSEMENT FORM

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

VENDOR	QTY.	ITEM DESCRIPTION	UNIT PRICE	SUBTOTAL	TAX	TOTAL COST
<b>Total Amount Requested:</b>						

\*NOT NECESSARY TO ITEMIZE IF ITEMS ARE IDENTIFIED ON RECEIPT AND TOTAL OF RECEIPT IS TO BE REIMBURSED.

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***Receipts must be attached** in order to submit claim to Accounts Payable.  
No claims will be processed without a receipt.*

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Purpose of purchase/comments:

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**ACCOUNT LINE**

FD	RE	PY	GO	FN	OB	DE	SI	%		<b>TOTAL AMOUNT CLAIMED</b>

REQUESTOR'S SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

ADMIN OFFICE