

# Seeley Union School District

## MATERIALS/SUPPLIES REIMBURSEMENT FORM

DATE SUBMITTED: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

VENDOR NAME	PURCHASE DATE	SUMMARY OF ITEMS PURCHASED	PURPOSE/PROJECT	RECEIPT TOTAL
<b>TOTAL:</b> (ALL RECEIPTS TOTAL)				

EMPLOYEE SIGNATURE: \_\_\_\_\_

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*Original invoices/receipts must be attached in order to submit claim to Accounts Payable.  
No claims will be processed without a receipt. Please allow 1 -2 weeks for reimbursement.*

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**ACCOUNT LINE**

Line #	FD	RE	PY	GO	FN	OB	SI	%	TOTAL AMOUNT CLAIMED

APPROVED BY: \_\_\_\_\_  
ADMIN OFFICE

DATE: \_\_\_\_\_