Arlington Public Schools

School_____ Purchase Order # _____

Request For Reimbursement of Expenses Incurred

Reimbursements in Duplicate & Receipts

Name of Person _____

Destination _____

Dates of Absence _____ Amount of Cash Advance (if any) $_____

Purpose of Trip _____

Approved Means of Transportation _____

Important: Itemized receipted bills, or itemized bills plus cancelled checks **MUST** be submitted for (a) lodging of any amount and (b) expenditures of $10.00 or more.

DATE	DESCRIPTION OF CLAIM	AMOUNT

TO BE MADE OUT IN DUPLICATE, SIGNED AND DATED BY DEAPRTMENT HEAD

TOTAL AMOUNT _____

I HEREBY CERTIFY THAT THE ABOVE CLAIM AND STATEMENTS AS SET FORTH ARE TRUE AND CORRECT: THAT NO PART THEREOF HAS BEEN PREVIOUSLY REIMBURSED.

MAKE CHECK PAYABLE TO:

NAME:

ADDRESS:

SIGNATURE OF CLAIMANT _____ DATE _____

APPROVED BY DEPARTMENT HEAD _____ DATE _____