

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 DEPARTMENT 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 _____