

REIMBURSEMENT REQUEST

Request Date: _____ Purchase Date: _____

Vendor # _____ Employee: _____

Purpose of Purchased Item(s): _____

Justification for purchasing without a Purchase Order, on Account or via PCard

Items Purchased:

Qty	Amount	Org	Object

Vendor Information

Vendor Name: _____

Address: _____

Address: _____

Does School District have account with this vendor: Yes _____ No _____

Any purchase made on behalf of South Windsor Public Schools will only be reimbursed up to the taxable amount. We are tax exempt and every effort to make tax free purchases needs to be made. Our **Federal Tax I.D. # is 06-6001666**.

Name of Approver(Printed)	Approval Signature

REIMBURSEMENTS TO EMPLOYEES REQUIRE ORIGINAL BUDGET OWNER SIGNATURE. BUDGET OWNERS REIMBURSEMENTS REQUIRE SUPERVISOR SIGNATURE. INCLUDE ORIGINAL ITEMIZED RECEIPTS WITH APPROVAL FOR REIMBURSEMENT.