

Greenfield Union School District REQUEST FOR REIMBURSEMENT

Form 402

All purchases must be pre-approved. Reimbursement is not to be used for items that may be purchased through Office Depot or any other vendors that accept Purchase Orders.

Name:				Date:					
School/De	partment:								
Type of Ex	xpense (Specify	y – instructiona	l supplies, admin	supplies, etc.): _					
	RSEMENT ail Supervis			prior to pui	rchase.				
2. Red	ceive email a	approval r	esponse fron	n Superviso	or prior to p	ourchase an	d attach.		
3. Pur	chase appro	ved items							
4. Co	mplete this f	form and a	ttach printed	d email app	roval.				
5. Thi	s form must	be accom	panied by th	ne original i	itemized red	ceipt.			
	T							T	
DATE	VENDOR			ITEM DESCRIPTION					AMOUNT
				TOTAL REIMBURSEMENT					\$
CHADCE	TO ACCOUN	7 T							
FUND	RESC	<u>Y</u>	GOAL	FUNC	OBJT	<u>so</u>	LOC (Site)	<u>1111</u>	MGMT
EX 01	0000	0	0000	0000	0000	00	000	0000	0000
N	OTF: This fa	rm will no	t he honored	unloss it is	sianed by th	a Principal	or Program	A dministr	eator
1	OIE. Ims jo	om wiii no	i de nonoreu	uniess ii is	signeu by in	е 1 тистриі	or Frogram 2	-1ammusii	uioi.
					Approve	d:			
Signature of Em	ployee		Date						Date
Approved:	Director / Supervi	com / Coordinat	or Date		Approved: Date				
			oi Date						Date
Approved: ₋	Educational Serv	ices	Date		Processed: Date				