



Maine School Administrative District #12

REQUEST FOR REIMBURSEMENT

Please provide copies of all receipts.

Pay to the Order of: _____

Account #: _____

Amount: _____

Itemize Expenses: _____

Staff Member's Signature

Date

OFFICE USE ONLY

APPROVED: _____ NOT APPROVED: _____

REASON: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____