



Employee

REIMBURSEMENT CHECK REQUEST FORM.

Date: _____

Check Payable to:

District Staff Member / Employee's

Vendor# _____

Name and Address

Form is not for EduStaff Members

Invoice Number _____

Amount \$ _____

ASN Number _____

Description / Reason for Request:

Requested by (*Employee or Bldg. Secretary*):

Administrator Approval (*Employee's Bldg. Principal or Director*):

Note:

- Reimbursements to District Staff Members / Employee will be paid on the 2nd payroll of each month.
- No paper checks are printed, the reimbursement will be added to your paychecks direct deposit.