

Colonial Heights City Public Schools

INSTRUCTIONAL SERVICES EXPENSE REIMBURSEMENT REQUEST - MATERIALS

Name _____ School/Office _____

Name of Activity: _____

To be reimbursed, each item claimed requires an itemized receipt.

Bank Card receipts showing *only totals* will *not* be reimbursed.

SALES TAX WILL NOT BE REIMBURSED

<i>Date</i>	<i>Vendor</i>	<i>Item(s)</i>	<i>Cost</i>	<i>Total</i>

I hereby certify that the expense(s) listed in the above chart totaling the amount of \$_____ were incurred by me with **PRIOR approval from my Director/Supervisor** for use within Colonial Heights Public School System.

Signature _____

Date _____

Approved by _____
Director, Principal or Supervisor

Date _____

Authorized by _____
Assistant Superintendent of Business Services

Date _____

BUDGET CODE: _____ AMOUNT: \$ _____