

**REIMBURSEMENT REQUEST FORM FOR ACCOUNTS PAYABLE**

Finance Secretary: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Please Check the Appropriate Box</b></p> <p><input type="checkbox"/> <b>ASD Employee Reimbursement</b></p> <p><input type="checkbox"/> <b>ASD Foundation Reimbursement</b></p> <p><input type="checkbox"/> <b>Parent Reimbursement</b></p> <p><input type="checkbox"/> <b>Other Reimbursement</b></p> <p><b>Please explain other:</b> _____</p>
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Name of Person to be Reimbursed: \_\_\_\_\_

Send check to: \_\_\_\_\_  
 Return to school                       Mail check to address above

Dept. Requesting the Reimb: (e.g. Football) \_\_\_\_\_

Reason for Reimbursement:(e.g. No PC available) \_\_\_\_\_

Purpose for these items purchased: \_\_\_\_\_

Amount of Reimbursement: \$ \_\_\_\_\_

*\*Sales tax MAY NOT be reimbursed per ASD policy with the exception of Legislative Funds*

**Account# to be Charged:** - - - . - - - . - - - . - - - . - - - . - - - . - - - . - - - . - - - .

Account Description (i.e. Leg Funds-"Teacher's name"): \_\_\_\_\_

\*Principal/Supervisor Signature of Approval: \_\_\_\_\_

1. Complete this form (make certain it is completed in its entirety). If ANY part of form is not completed, it will be returned to the requesting school/department.
2. Attach all supporting documentation including **COPIES of ALL RECEIPTS** (keep originals at school).
3. Send completed form and all supporting documentation to ASD Accounts Payable Dept.
4. Checks will be issued on weekly check run. If request and all documentation is received by Monday at 5:00 p.m., check will be issued on Thursday of that week. Otherwise, check will be issued the following week on the regularly scheduled Thursday check run.

**Thank you,  
Accounts Payable Dept.**