

PORT JEFFERSON SCHOOL DISTRICT
Scraggy Hill Road
Port Jefferson, NY 11777

REQUEST FOR REIMBURSEMENT

Name _____ Date _____

Address _____

Description of Expenditure: _____

Purpose of Expenditure: _____

Note: All expenses claimed must be accompanied by itemized receipts. Reimbursement not to exceed \$50 per day. Please utilize a tax exempt form whenever possible.

Please issue a check in the amount of: \$ _____

Code: _____

I certify that the materials included in the above claim have been furnished and/or delivered to the Port Jefferson School District.

Signature of Payee

Building Administrator Approval & Date

Authorization for Payment _____
Assistant Superintendent for Business Approval & Date