WHEATLAND SCHOOL DISTRICT

Cash Reimbursement for Supplies

Name: _____ School: _____

Please present to district office within 60 days of date incurred. Attach receipts, listing items purchased. All merchandise should have prior approval from the principal before buying and reimbursement (no stamped signatures please).

Date	Description	Amount
	Person to be Reimbursed:	
	Name:	
	Address:	
	Phone#:	
	Total Reimbursement	**$**

Employee Signature: _____ Approved: _____

Budget Code: _____

District Approval: _____ Date: _____

District Use Only

Classifications: