Independent School District #624
4855 Bloom Avenue
White Bear Lake MN 55110

REIMBURSEMENT AND CHECK REQUEST FORM

Please complete entire form.

Name: _____ Date _____

Address: _____ Budget # _____

_____ Social Security # ____ - ____ - ____

_____ (Not needed for employees)

Employee's School Building: _____

Receipts or Invoices are to be attached for any items purchased for which you are requesting reimbursement.

Description of work performed or items purchased Date Work performed: / /	**Amount**
TOTAL	$0.00

I certify that the above is just and true and the charges are official and are such as allowed by law and that no part of said claim has been paid.

Approved by: _____

Signed: _____

Date: _____

Revised 12/98; 08/01; 10/01; 07/03; 08/09