

# Staff Expense Reimbursement Request Form

## Lynden School District No 504

*Prior approval is required when spending district funds and seeking reimbursement  
Whenever possible a purchase order should be used for vendors that accept a purchase order.*

Building / Department \_\_\_\_\_ Position \_\_\_\_\_  
Employee Name \_\_\_\_\_ Amount : \$ \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_

Please describe purpose for the items purchased and attach original itemized receipt(s):

*As a reminder, gifting of public funds is not allowed. We are not able to reimburse for gift cards or gift certificates.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.*

Account Code \_\_\_\_\_

Building Administrator / Supervisor Signature \_\_\_\_\_

Receipts must contain the business name and address, detailed information of items purchased, total of purchase in US funds, and the date of the purchase.