

Anacortes School District #103
2200 M Ave
Anacortes, WA 98221

Expenditure Reimbursement Form

Employee Name: _____

(PLEASE PRINT CLEARLY)

DATE	VENDOR	DESCRIPTION	AMOUNT
Total Amount Due			

Original Itemized purchase receipts are required – please attach to form

Account Code	_____ - _____ - _____	Amount \$	_____
Account Code	_____ - _____ - _____	Amount \$	_____
Account Code	_____ - _____ - _____	Amount \$	_____
Account Code	_____ - _____ - _____	Amount \$	_____

I hereby certify under penalty of perjury that I have not acquired any personal benefits such as rebates, frequent flyer miles or other personal gift points for expenses that are being reimbursed by the Anacortes School District as a direct result of any or all expenses claimed.

Employee Signature

Date

Principal/Supervisor Signature

Date