



2200 M Avenue | Anacortes, WA 98221 | Phone 360-503-1200 | Fax 360-503-1201 | www.asd103.org

Expenditure Reimbursement Form

Employee Name: _____
(PRINT NAME)

DATE	VENDOR	DESCRIPTION	AMOUNT
Total Amount Due:			

Original itemized purchase receipts are required – Please attach to form

Account Code	_____	_____	_____	_____	_____	_____	_____	Amount \$	_____
	PPSS	AA	OBBB	LLLL	RRRR	DDDD	S		
Account Code	_____	_____	_____	_____	_____	_____	_____	Amount \$	_____
	PPSS	AA	OBBB	LLLL	RRRR	DDDD	S		

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