



**ANACORTES**  
SCHOOL DISTRICT

*Passion. Purpose. Possibility.*

2200 M Avenue | Anacortes, WA 98221 | Phone 360-503-1200 | Fax 360-503-1201 | [www.asd103.org](http://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	PPSS	AA	OBBB	LLLL	RRRR	DDDD	S	Amount \$
Account Code	PPSS	AA	OBBB	LLLL	RRRR	DDDD	S	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