



HABERSHAM COUNTY SCHOOL DISTRICT

Request for Reimbursement

DATE: _____ AMOUNT: _____
(Total Reimbursement Amount Requested)

MAKE CHECK PAYABLE TO: _____
(Please Print Employee Name or BOE Member Name)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL/LOCATION: _____

DESCRIPTION OF THE PURCHASE AND IF APPLICABLE, PLEASE STATE REASON(S) THE PURCHASE WAS NOT MADE ACCORDING TO THE NORMAL SCHOOL PURCHASING PROCEDURES: _____

PURCHASE DATE: _____ PROGRAM: _____

RECEIPT(S) ATTACHED: _____ CANCELLED CHECK ATTACHED: _____

EMPLOYEE SIGNATURE/DATE: _____

OR

BOE MEMBER SIGNATURE/DATE: _____

APPROVAL SIGNATURE/DATE: _____

******* IMPORTANT INSTRUCTIONS *******

IF REIMBURSEMENT IS TO BE MADE FROM COUNTY-LEVEL FUNDS, PLEASE SEND THIS FORM TO FINANCIAL SERVICES OFFICE FOR PROCESSING, OTHERWISE PLEASE PROCESS AT SCHOOL LEVEL AND MAINTAIN DOCUMENTATION FOR AUDIT.

CHARGE TO ACCT/PROGRAM: _____

APPROVED BY: _____

PROCESSED BY: _____