

**EVERETT PUBLIC SCHOOLS DIST. NO 2****REIMBURSEMENT VOUCHER**

THIS FORM IS TO BE USED TO REQUEST REIMBURSEMENT BY INDIVIDUALS WHO MAKE PURCHASES ON BEHALF OF EVERETT PUBLIC SCHOOLS.

**ORIGINAL RECEIPTS MUST BE ATTACHED.**

PAYEE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
(PLEASE PRINT)

PAYEE SIGNATURE: \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_

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.

LOCATION/ADDRESS: \_\_\_\_\_

PAYMENT FOR THE FOLLOWING:

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ACCOUNT CODE: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

Rev. 08/17

2.06a

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