

EVERETT PUBLIC SCHOOLS DIST. NO 2**ASB 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:

ACCOUNT CODE: _____ CHECK NO.: _____ CHECK DATE: _____

AUTHORIZED BY:

_____ Student Activity Representative	_____ Date	_____ ASB Treasurer (Staff)	_____ Date
_____ Activity Advisor	_____ Date	_____ Primary Advisor (Administrator)	_____ Date

Rev. 01/17

Section 7.0

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