

# UNIVERSITY SCHOOL RECEIPT REIMBURSEMENT FORM 2013-2014

- Sign and copy all receipts.
- Submit this form with original receipts AND copies of receipts.
- Make a copy of this form for yourself.
- Receipts older than 30 days will not be reimbursed.
- If you need to figure tax it is 8.517%.

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Total Amount Requested for Reimbursement \$ \_\_\_\_\_ Datatel Number \_\_\_\_\_

List details of each receipt below.

Store/Company	General description of items purchased	Purpose	Amount
		<input type="checkbox"/> Classroom materials <input type="checkbox"/> Curriculum materials <input type="checkbox"/> Other: _____	\$
		<input type="checkbox"/> Classroom materials <input type="checkbox"/> Curriculum materials <input type="checkbox"/> Other: _____	\$
		<input type="checkbox"/> Classroom materials <input type="checkbox"/> Curriculum materials <input type="checkbox"/> Other: _____	\$
		<input type="checkbox"/> Classroom materials <input type="checkbox"/> Curriculum materials <input type="checkbox"/> Other: _____	\$
		<input type="checkbox"/> Classroom materials <input type="checkbox"/> Curriculum materials <input type="checkbox"/> Other: _____	\$
		<b>TOTAL AMOUNT:</b>	\$

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OFFICE USE ONLY: Code: 10-3-1402000-53100      13-3-1402100-53100

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Monies reimbursed:

Date \_\_\_\_\_ Initials \_\_\_\_\_