

**SCOTT COUNTY SCHOOLS
INDIVIDUAL/SCHOOL REIMBURSEMENT REQUEST FORM
(Pre-Approval Form Must Be Attached To This Form)**

SCHOOL: _____

PAYABLE TO: _____

ADDRESS: _____

PROGRAM AREA REQUESTING REIMBURSEMENT: _____

Date of Purchase	Descriptions/Items	Person/Program Purchased For	Amount Requested
NOTE: Receipts must be attached for all items.		TOTAL:	

Person requesting reimbursement

Principal/Supervisor

Superintendent