

**SCOTT COUNTY SCHOOLS
SUPERINTENDENT AUTHORIZATION OF SCHOOL REIMBURSEMENT REQUEST**

SCHOOL: _____

PROGRAM AREA REQUESTING REIMBURSEMENT: _____

DATE OF REQUEST: _____ TOTAL AMOUNT REQUESTED: _____

Note: Complete top half of this form for approval of your reimbursement request. Upon approval, complete reimbursement information on bottom half of this form and return this original form to the School Board Office.

BIDS RECEIVED

Vendor: _____ Amount: _____

Vendor: _____ Amount: _____

Vendor: _____ Amount: _____

Principal Approval: _____ Date: _____

Program Supervisor Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

REIMBURSEMENT REQUEST

Payable to: _____ Address: _____

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

Employee requesting reimbursement

Principal/Supervisor

Superintendent