

STAFF REIMBURSEMENT REQUEST

Marlborough Public Schools 25 Union Street Marlborough, MA 01752

(PLEASE PRINT) Name:: Date:: Position: Building: Store/Vendor/Conference/Purpose Date/Purchase **Amount** Total Reimbursement: **ORIGINAL** receipts attached, along with proof of payment such as bank/credit card statement STAFF SIGNATURE:_____ Org./Obj: Amount: PRINCIPAL/DIRECTOR APPROVAL No Yes SIGNATURE: FINANCE DEPARTMENT USE ONLY P.O. Number Vendor Number: Close P.O Leave P.O. Open FINANCE APPROVAL