

STAFF REIMBURSEMENT REQUEST

Marlborough Public Schools 25 Union Street Marlborough, MA 01752

(Please Print)				
Name				Date
Employee Address				
Position				Building
Date/Purchase	Store/Ven	dor/Conference/Pu	ırpose	Amount
		⊤otal F	Reimbursement:	
ORIGINAL itemized			th proof of payment su	ıch as bank/credit
Amount:			<u>Org./Obj</u> :	
PRINCIPAL/DIREC	CTOR APF	PROVAL		
Yes	No	SIGNATURE:		
	FIN	ANCE DEPART	MENT USE ONLY	
P.O. Number				
Vendor Number:				
Close P.O				
Leave P.O. Open FINANCE APP				E APPROVAL