STAFF REIMBURSEMENT REQUEST

Marlborough Public Schools
25 Union Street
Marlborough, MA 01752

(PLEASE PRINT)

Name::

Date::

Position:

Building:

Date/Purchase	Store/Vendor/Conference/Purpose	Amount
	Total Reimbursement:	

RECEIPTS SHALL BE ATTACHED TO FORM FOR ALL EXPENSES.

STAFF SIGNATURE: _____

Amount:

Org./Obj:

PRINCIPAL/DIRECTOR APPROVAL

☐ Yes ☐ No

SIGNATURE: _____

FINANCE DEPARTMENT USE ONLY

P.O. Number

Vendor Number:

Close P.O ☐

Leave P.O. Open ☐

_____

FINANCE APPROVAL