

EAST NICOLAUS HIGH SCHOOL

Reimbursement Invoice

EMPLOYEE: _____
(Please print)

DATE: _____

ADDRESS: _____

PURCHASE REQUEST
 ATTACHED? Y or N

Accounting Code						
Fund	Res	Obj	SO	Goal	Func	DD1

ITEM
(Please itemize & attach all original receipts)

COST

TOTAL: _____

I, hereby, certify that no profit or gain was made from this transaction.

Claimant: _____
Claimant's Signature

_____ Date

Approved: _____
Approval Signature

_____ Title

Vendor: _____