

LEWIS COUNTY BOARD OF EDUCATION
MISCELLANEOUS REIMBURSEMENT FORM

NAME _____ ADDRESS _____

POSITION _____

REQUESTED REIMBURSEMENT IS FOR (check any that apply. If type is not listed check "OTHER " and describe the requested reimbursement in the space provided.)

FUEL

CDL LICENSE RENEWAL

OTHER _____

LIST VENDORS AND AMOUNTS

Receipts must be attached to request form

\$

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

=====

Employee's signature

Reviewed by

(Supervisor's signature)

Budget code

(Completed by Finance)