

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)