Form 1163a
2/07

Lake Washington School District #414
Miscellaneous Reimbursement Request

Complete form for reimbursement requests. All receipts must be original itemized receipts. Receipts cannot contain personal items and must be submitted within 30 days of purchase. Completed forms must be received in Accounts Payable no later than 4:00 pm Tuesday in order for warrants to be sent to locations on the following Tuesday. Securely staple original itemized receipts to the back of the Miscellaneous Reimbursement Request form. Failure to fully complete the form or submit original itemized receipts will delay the reimbursement process.

Name: _____ Fund: GF ☐ ASB ☐ CP ☐ (Check One)

Street/PO Box: _____

City, State, Zip: _____ Location/Dept: _____

Phone: _____

Date	Vendor	Item and Purpose	Full Account Code	Amount

Total: _____

For food/beverage purchases relating to meetings/events provide documentation for purpose, date, and time of event along with roster of attendees. Purchases are reimbursable only if they are in-compliance with the district's Food/Beverage Consumption policy. Refer to the district's Food/Beverage Consumption policy for guidelines.

Date	Start/End Time	Purpose of Event	What criteria or condition cited in Food/Beverage Consumption Policy is applicable to this event?	Number of Attendees

_____ _____
Requestor Signature Date

_____ _____
ASB Officer Signature (Secondary Schools Only) Date

_____ _____
Bookkeeper/Secretary Signature Date

_____ _____
Dept. Head / ASB Advisor Signature Date

_____
Administrator Signature Date