

SALEM BOARD OF EDUCATION

REQUEST FOR REIMBURSEMENT

DATE:

Name: _____

Purpose: _____

Please tape or staple your receipts below or on a separate page.

AMT: _____

Acct: _____

Official use only:

_____ **There are sufficient funds in this account.**

Approved by _____

Office Use Only:

For PD Reimbursement the following must be attached:

___ Yes	___ No	PD Evaluation Form (Form V)
___ Yes	___ No	Copy of Check
___ Yes	___ No	Copy of Course Registration Form