Non-Travel Reimbursement

Crossett School District

"A Tradition of Excellence"

219 Main Street
Crossett, AR 71635
Phone: 870-364-3112
Fax: 870-364-3423

DATE:
DATE NEEDED:
FOR:
MAKE CHECK TO:

DESCRIPTION		AMOUNT TO REIMBURSE

Receipts for ALL expenditures must be attached to this request.

TOTAL **$ -**

Budget Unit(s) for payment:	

Office Use ONLY P.O. #
P.O. Date
Req.
Denial Reason:

Signature of Requestor:
Approved by: (Building Level/Supervisor)
Approved by: (Central Office Level)