

# Scott County Central Schools

## REIMBURSEMENT AND/OR PAYMENT REQUEST

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PO#

\_\_\_\_\_  
DEPARTMENT  
PAYING BILL

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MILEAGE: \_\_\_\_\_ (X's \$.40) = \_\_\_\_\_

FOOD (RECEIPTS MUST BE ATTACHED): \_\_\_\_\_

LODGING (RECEIPTS MUST BE ATTACHED): \_\_\_\_\_

BOOKS/REGISTRATION FEES (RECEIPT MUST BE ATTACHED) \_\_\_\_\_

MATERIALS/SUPPLIES (RECEIPT MUST BE ATTACHED) \_\_\_\_\_

TOTAL AMOUNT TO BE PAID: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
APPROVED BY PRINCIPAL/SUPT.

“REASON FOR TRAVEL-FOOD-LODGING-REGISTRATION OR SUPPLIES”

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**THIS FORM MUST BE COMPLETELY FILLED OUT IN ORDER TO RECEIVE  
YOUR REIMBURSEMENT OR PAYMENT SENT!!!!!!**