Request for Reimbursement \$200 LIMIT (Unless referencing Purchase Order)

Name _____ Mill Valley School District Please Print 411 Sycamore Ave Address: Mill Valley, CA 94941 389-7700 Fax 389-7773 City/State/Zip: ______ School: Prior to Purchase – Verbal Auth Reg'd: Admin Initial **Expenses: SUPPLIES,** Cost Date BOOKS, ETC * Total **Expenses** *ORIGINAL Receipt must be attached PHOTO COPIES WILL NOT BE ACCEPTED Employee Signature: ______ Date: _____ Approved by: _____ Date: Principal / Administrator /Reference Purchase Order # Vendor # Account Code: Account Code: Account Code:

Date: _

District Office Approval