

# PERSONAL REIMBURSEMENT FORM

- Per district policy: School district employees, contract employees, or those conducting business on behalf of the district, are expected to make purchases with a district-approved purchase order, using an approved vendor.
- If there is a unique situation where you cannot find a vendor who accepts our purchase order, providing the item you want or an adequate substitute item, you must make a request **in writing** to your administrator, **prior to the purchase**, for approval to buy the item and then be reimbursed.
- EXCEPTION for prior approval: No prior authorization is needed when this form is used by members seeking reimbursements that are provided by their bargaining agreement. This includes annual clothing and tool reimbursements as granted by CPOKF (article 14) for maintenance and mechanics and KFACE (article 8, item I) for cafeteria workers.

## 1. COMPLETE THE FOLLOWING:

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

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

REIMBURSEMENT AMOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATOR/SUPERVISOR SIGNATURE: \_\_\_\_\_

## 2. PLEASE ATTACH THE FOLLOWING ITEMS:

- A copy of the **written prior approval** to make this purchase and to obtain a personal reimbursement.  
An **itemized** receipt of good/services purchased.

## 3. SUBMIT TO BUSINESS OFFICE. If you have any questions regarding this process please call us at 541-883-4703.

BUSINESS MANAGER SIGNATURE/APPROVAL: \_\_\_\_\_