

Request for Reimbursement

Kearns High School

Name: _____

Date: _____

Please attach all receipts requesting reimbursement. Sales tax will not be reimbursed.

If you are requesting reimbursement from more than one account, state how much from each account.

Date	Items	Account(s)	Amount
Sub Total			
Minus Sales Tax			
Total Reimbursement			

Teacher Signature: _____

Admin approval (over \$500): _____