

Note: Any authorization for reimbursement must be submitted to the person authorizing the purchase order.

## AUTHORIZATION FOR REIMBURSEMENT FORM

\_\_\_\_\_  
BUDGET CODE

To: \_\_\_\_\_, Supervisor

Avoyelles Parish School Board  
221 Tunica Drive West  
Marksville, LA 71351

Please reimburse \_\_\_\_\_ School for the attached  
invoices as per your Purchase Order No. \_\_\_\_\_ for our supplies.

TOTAL AMOUNT OF INVOICES ATTACHED: \$ \_\_\_\_\_

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Principal's Signature

APPROVED AMOUNT TO BE PAID: \$ \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature