

Reimbursement Report

Escambia County Board of Education

Mail Check To:

Vendor # _____

TOTAL AMOUNT TO BE REIMBURSED: \$ _____

*****DO NOT USE FOR TRAVEL REIMBURSEMENT*****

***Original documentation must be attached i.e. itemized receipts, on-line generated receipts, etc.**

Reimbursement Amount:	\$ _____
Description:	_____ _____
Funds:	_____
Account Number:	_____

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Employee's Signature

Approved By: Central Office Use Only

Principal/Supervisor's Signature