

CBCS Materials Reimbursement Request Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

School: \_\_\_\_\_

List each reimbursement item including place of purchase and amount.

**\*Remember that the district will not reimburse you for sales tax. Prior to purchasing contact the place of purchase to see if they will accept school ID, if not contact us for the tax ID number\***

ITEM DESCRIPTION

AMOUNT PER RECEIPT  
(each line should be a separate totaled receipt)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Reimbursement Requested**

\_\_\_\_\_  
\_\_\_\_\_

**(Please attach all original receipts to this form. No reimbursements are possible without original receipts.)**

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date