WOODLAND SCHOOL DISTRICT #404
WOODLAND WASHINGTON

OUT-OF-POCKET REIMBURSEMENT FORM

I WOULD LIKE TO REQUEST REIMBURSEMENT FOR THE FOLLOWING OUT-OF-POCKET EXPENSES THAT I HAVE INCURRED FOR THE BENEFIT OF WOODLAND SCHOOL DISTRICT.

ITEM	AMOUNT
_____	$_____
_____	$_____
_____	$_____
_____	$_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED BY ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.

_____
EMPLOYEE NAME

_____ _____
SUPERVISOR SIGNATURE SIGNATURE

_____ _____
DATE DISTRICT OFFICE APPROVAL