

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
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>

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.

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EMPLOYEE NAME

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SUPERVISOR SIGNATURE

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SIGNATURE

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DATE

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DISTRICT OFFICE APPROVAL