

**Little Wound School Board**  
**Little Wound School**

**Reimbursement Request**

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Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Purchase Authorized by: \_\_\_\_\_  
(Supervisor – Superintendent)

Purchased From: \_\_\_\_\_

Date: \_\_\_\_\_ Cost of Item(s): \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_ Account No. \_\_\_\_\_

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Purpose of Purchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Approved for Payment: \_\_\_\_\_  
Director/Supervisor Signature Date

Superintendent: \_\_\_\_\_  
Signature Date

Business Manager: \_\_\_\_\_  
Signature Date

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Amount of Reimbursement: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_  
Signature Person Receiving Payment Date

Account Number: \_\_\_\_\_

Department/Program: \_\_\_\_\_  
Signature Accounts Payable Clerk Date

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