

SUMTER COUNTY SCHOOL BOARD

ACCOUNTS PAYABLE DEPARTMENT

Name of Payee:		Personal Reimbursement Form			
		To be used for small purchases.			
Be sure to fill out complete account strip(s) that reimbursement is to be charged to.					HAVE PROJECT MANAGER INITIAL.
FUND	FUNCTION	OBJECT	CENTER	PROJECT	Total for each different strip
DATE	ITEM DESCRIPTION AND WHY THE ITEMS WERE PURCHASED				AMOUNT
CHECKLIST:					TOTAL
<ol style="list-style-type: none"> 1. Fill in all information required on this form, including account strip. 2. Attach original receipts. 3. Sign and date as employee. 4. Get supervisor to sign and date. 5. Send to Finance for payment. 					<p>Purchases must comply with all applicable policies and procedures for the procurement of goods and services for SCSB.</p>
<p>I hereby certify that the above goods and(or) services were received by and necessary for use by the SCSB and that quantity and quality are as indicated.</p>					DATE
<p>Employee's Signature:</p>					DATE
<p>Supervisor's Signature:</p>					



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