

PRIOR APPROVAL Request for Reimbursement

Please complete the top half of this form PRIOR to making your purchase. Purchases made without prior approval are subject to review and may not be reimbursed pursuant to Policy 6210.

Date of request: _____

Describe what is being purchased and for what purpose it will be used:

Explain why the purchase order system is not able to be used for this purchase:

Approximate cost not to exceed: _____

Budget Code (first 13 digits required): _____

I, _____ request reimbursement for the purchase of above item(s).

Program Director Authorizing Signature: _____ Date _____

Superintendent Approval Signature: _____ Date _____

FINAL CLAIM APPROVAL

I hereby certify 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 and request reimbursement in the amount of \$ _____ .

Date: _____ Printed Name of Claimant: _____

Signature of Claimant: _____

I hereby certify that I have verified that the materials and/or services described in this document have been furnished or rendered to the NWESD 189 and that the claim for payment of such is just, due, and an unpaid obligation against the NWESD 189.

Date: _____ Signature of Program Director: _____

*****ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM*****