# Request for Reimbursement

**$200 LIMIT** (*Unless referencing Purchase Order*)

**Mill Valley School District**
411 Sycamore Ave
Mill Valley, CA 94941
389-7700 Fax 389-7773

Name _____
*Please Print*

Address: _____

City/State/Zip: _____

School: _____

*Prior to Purchase – Verbal Auth Req'd*: _____
Admin Initial

| | Date | Cost | Expenses: SUPPLIES, BOOKS, ETC * |
|---|---|---|---|
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| | **Total Expenses** | $ 0.00 | |

***ORIGINAL Receipt must be attached**
**PHOTO COPIES WILL NOT BE ACCEPTED**

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____
Principal / Administrator /Reference Purchase Order #

Vendor # _____

Account Code: _____ $_____

Account Code: _____ $_____

Account Code: _____ $ _____

District Office Approval _____ Date: _____