



**AVONDALE SCHOOL DISTRICT  
EMPLOYEE REIMBURSEMENT REQUEST  
NOT TO EXCEED \$250.00**

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_ ADMINISTRATIVE APPROVAL: \_\_\_\_\_

ITEMS/VENDOR	REASON/EVENT	ACCOUNT NUMBER	AMOUNT

**TOTAL:** \$ \_\_\_\_\_

REQUESTOR'S SIGNATURE: \_\_\_\_\_

By signing, I agree that the above items for which I seek reimbursement, were pre-approved by the appropriate administrator and were necessary & appropriate expenditures made on behalf of the Avondale School District. Please attach original receipts.

**PLEASE MAKE A COPY FOR YOUR RECORDS.**