

HIGHLAND FALLS-FORT MONTGOMERY CENTRALSCHOOL DISTRICT

**PO Box 287
Highland Falls, NY 10928
(845) 446-9575
Fax (845)446-7108**

REIMBURSEMENT CLAIM FORM

Purchase Order

Number: _____

Pay to: _____

Date Submitted: _____

Address: _____

Amount to be paid: \$ _____

Itemization of services rendered or expenditures for which reimbursement is requested (please attach **original itemized receipt** as proof of purchase):

PLEASE ATTACH THE RECEIVING COPY OF THE APPROVED PURCHASE ORDER TO THIS CLAIM FORM

Approval of Principal /Date

Requester Signature /Date

Approval of Ass't Superintendent /Date

PO Number or Budget Code

THIS FORM MUST BE FILLED OUT IN BLUE INK.