

REIMBURSEMENT REQUEST

COMPLETE THIS SECTION BEFORE MAKING PURCHASE

REQUEST FOR PRE-APPROVAL	
Name: _____	Date: _____
Check Payable to: _____	Estimated Cost: \$ _____
Purpose: _____	
Authorizing Administrator: _____	Date of Authorization: _____

LIST ITEMS AS SHOWN ON SALES SLIP

QUANTITY	ITEM DESCRIPTION	UNIT PRICE	TOTAL

DISCOUNT \$ _____

SUBTOTAL \$ _____

SHIPPING \$ _____

TAX \$ _____

GRAND TOTAL \$ _____

Directions

1. Before making a purchase you must obtain approval from a Carlson Administrator.
2. Do not allow items for personal use to be listed on the same sales slip as items purchased for school use.
3. Use one Reimbursement Request Form for each sales slip.
4. List items on the form exactly as listed on the sales slip.
5. The original sales slip must be attached to the **Reimbursement Request Form**. Keep a copy of the sales slip and request form for your records.
6. For reimbursement, send your **Reimbursement Request Form** with the attached sales slip, to the Carlson administrator from whom you received the purchase approval.
7. Please cash the reimbursement check you receive within five (5) working days.
8. If you have any questions, please contact a Carlson administrator.

ORIGINAL RECEIPT ATTACHED? Yes No

DISBURSEMENTS – FOR OFFICE USE ONLY

IMPREST FUND CHECK NUMBER _____	DATE ISSUED _____
CLAIM REQUEST # _____	DATE REQUESTED _____
FINAL APPROVAL _____	APPROP. _____
ADMINISTRATOR SIGNATURE _____	

