

MILLARD PUBLIC SCHOOLS

Employee Non-Travel Reimbursement Request

1. **The check for this reimbursement should be made payable to:**

Name: _____ Emp.ID # _____

Street: _____

City: _____ State: _____ Zip Code: _____

2. **The employee's assigned position (e.g., psychologist) and location (e.g., DSAC) are:**

Position: _____ Location: _____

3. **The goods/services purchased, the dollar amount, and the account code (i.e., budget code) to which the cost should be charged are as follows (receipts are attached):**

Date	Description of Purchase (Receipts Attached)	Amount	Charge to Account Code
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