

OCEAN VIEW SCHOOL DISTRICT
Revolving Account Reimbursement Request

NAME OF PURCHASER: _____ DATE: _____
(Person submitting receipts – Print Name)

AMOUNT REQUESTED: \$ _____

Reason for Purchase:

Charge to Account #: _____ - _____ - _____ - _____ - _____

REQUESTED BY: _____ APPROVED BY: _____
(Signature of Purchaser) (Signature Principal/Department Head)

Tape itemized receipt(s) here: Attach additional pages to make all receipts visible and detail the items purchased if the receipt does not have detail.

(For Office use)
CHECK NUMBER: _____ CHECK DATE: _____ AMOUNT REIMB: \$ _____

Attach copy of check here: