



CLINTON TOWNSHIP BOARD OF EDUCATION

REIMBURSEMENT REQUEST FORM

Employee Name: _____ Date: _____

School: _____ Amount of Reimbursement Requested: _____

- VISION/OPTICAL (Payroll)
 - Please attach proof of service/payment
- TUITION REIMBURSEMENT (Accounts Payable)
 - Please attach grade and proof of payment
- CONFERENCE REIMBURSEMENT (Accounts Payable)
 - Please attach proof of attendance and payment and have supervisor approve request for reimbursement below*
- VACATION/SICK DAY CONVERSION (Payroll)
 - Please attach copy of promissory note
- EXPENSE REIMBURSEMENT (Accounts Payable)
 - Please attach receipt and have supervisor approve request for reimbursement below*
- OTHER (Describe): _____
 - Please attach receipt and have supervisor approve request for reimbursement below*

***Supervisor signature for approval of request:** _____

Vendor's Declaration: I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Employee Signature

Date

Please return completed form and attachments to the Business Office for processing.