Colleton County School District
Accounts Payable Department

REIMBURSEMENT FORM

THIS FORM MUST BE USED FOR ALL REIMBURSEMENTS, EXCLUDING TRAVEL.

School/Department _____ Date _____

Please reimburse _____ Vendor # _____
(For office use ONLY)

Charge to the following account number(s) for the amount(s) listed below:
(May include more than one transaction)

ACCOUNT NUMBER	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Reimbursement $ $0.00

Special Instructions _____

_____

Please attach all invoice(s) and indicate below:

____ Invoice(s) attached Submitted to District Office on _____

_____ _____
Signature of person to be reimbursed Signature of Principal/Supervisor