

SEATTLE SCHOOL DISTRICT  
 GENERAL EMPLOYEE REIMBURSEMENT REQUISITION  
 Mail Stop 33-343, P.O. Box 34165  
 Seattle, Washington, 98124



Check if name change

Check if new address

Employee Name:	Employee Address:	Employee ID #	Phone	School/Admin Dept.
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Quantity	Unit Cost	Description of Item or Service	Total Cost

**\*\*\* Itemized original receipts must be included in order to receive your reimbursement request \*\*\***

Fund	Fund Center/Cost Center	Commitment Item	Amount

**Employees Certification of expense reimbursement claims:**

I hereby certify under penalty of perjury, this is a true and correct claim for expense incurred by me and that no payment has been received by me on account thereof:

Employee Signature: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_