

Mayfield Central School
 27 School Street
 Mayfield NY 12117



Expense Reimbursement Form

Pay To: _____
 Address: _____

Directions: Complete this form to request reimbursement for a purchase already made. Sign as claimant and return to the appropriate Administrator (Principal or Supervisor). Proof of purchase (invoice) must be attached and agree to amounts entered on this claim form. The District is tax exempt and therefore unable to reimburse sales tax. Certificate below **MUST BE SIGNED** by all parties before payment is made.

INVOICE #	INVOICE DATE	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
ACCOUNT CODE(S):				TOTAL	

Sign as claimant to certify that the materials and/or services charged and included in the above claim amount have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION: that the charges therefore are true and just, and that no payments have been made therefore except as included therein.

_____ Date: _____ 20_____
 CLAIMANT SIGNATURE

_____ Date: _____ 20_____
 ADMINISTRATOR SIGNATURE

_____ Date: _____ 20_____
 SCHOOL OFFICIAL/PURCHASING OFFICIAL SIGNATURE