



South Carolina Association of School Business Officials
Request for Reimbursement

Date:

Name of person requesting reimbursement: _____

Amount of reimbursement: _____

Reason for expenditure: _____

(Attach receipts to reimbursement claim form/or mileage estimates where applicable)

I certify that the above referenced expenditures were valid to complete the business of the organization.

Signature of requestor

SCASBO approval:

Signature

Title

Date: _____ Check #: _____ Date Issued: _____