

SEATTLE SCHOOL DISTRICT  
 GENERAL EMPLOYEE REIMBURSEMENT REQUISITION  
 815 Fourth Avenue North  
 Seattle, Washington, 98109

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

Fund	Fund Center/Cost Center	Commitment Item	WBS (Grants only)	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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

For Accounting Use Only: Auditing Officer Signature:	Document #	Vendor Account #:	Date Paid :
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