

STAPLE OR TAPE RECEIPTS HERE

PICKAWAY COUNTY EDUCATIONAL SERVICE CENTER
REIMBURSEMENT DETAIL REPORT

NAME _____ PO NUMBER _____

DATE OF RECEIPT	PLACE OF PURCHASE	AMOUNT REQUESTED TO BE REIMBURSED (FROM RECEIPT)	TREASURER'S OFFICE USE ONLY
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL REQUESTED REIMBURSEMENT		\$	

CERTIFICATION: I CERTIFY THAT THE STATEMENTS MADE HEREON ARE TRUE AND THAT THE EXPENSES LISTED WERE INCURRED AND WERE IN ACCORDANCE WITH THE POLICIES OF THE PICKAWAY COUNTY EDUCATIONAL SERVICE CENTER.

SIGNED: _____ DATE: _____