

**MILLARD PUBLIC SCHOOLS**

**Employee Non-Travel Reimbursement Request**

1. **The check for this reimbursement should be made payable to:**

Name: \_\_\_\_\_ Emp.ID # \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. **The employee's assigned position (e.g., psychologist) and location (e.g., DSAC) are:**

Position: \_\_\_\_\_ Location: \_\_\_\_\_

3. **The goods/services purchased, the dollar amount, and the account code (i.e., budget code) to which the cost should be charged are as follows (receipts are attached):**

Date	Description of Purchase (Receipts Attached)	Amount	Charge to Account Code
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