

**M.S.A.D. #35**  
**EMPLOYEE PURCHASE**  
**REIMBURSEMENT REQUEST**

Employee Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
 School/Department \_\_\_\_\_ Request # \_\_\_\_\_

| Quantity | Description | Account to Charge | Total Purchase not to Exceed |
|----------|-------------|-------------------|------------------------------|
|          |             |                   |                              |

*This request is to be approved prior to the employee's purchase*

\_\_\_\_\_  
 Administrators Approval

\_\_\_\_\_  
 Superintendents Approval

**PAYMENT REQUEST**

**Attach store sales slip:**

Reimbursement Amount \_\_\_\_\_