CESA 8 Supply Reimbursement Form

223 West Park Street
P O Box 320
Gillett, WI 54124-0320

Date	Item & Description	Purchased From	Amount	Program

Total _____

Your supervisor must approve all purchases. If you are purchasing items that will total more than $25, please submit a purchase requisition prior to purchase. Items less than $25 may be purchased out-of-pocket, but a purchase requisition must be submitted and approved prior to submission for reimbursement. Receipts must be attached and the claim must be submitted within 60 days of the purchase.

Signature of Reimbursed Person: _____

Printed Name of Reimbursed Person: _____

Mailing Address: _____

_____

CESA 8 Office Use Only

Vendor # _____

_____
Project Director

Code: _____

P O # _____

Checked by: _____

_____
CESA 8 Administrator