

Charleston County School District Employee/School Reimbursement Request

Originators Signature

Date: _____

Principal /Department Head (Print Name)

Principal/Department Head Signature

Additional Approval, Admin. Signature & Title

Vendor # _____

Payee Name: _____

Address _____

City _____ State _____ Zip Code _____

Purchase Date	Description	Account #	Amount
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total			_____