IMPREST REIMBURSEMENT REQUEST

SCHOOL/DEPARTMENT NAME: ______________________

EXPENSES FOR THE MONTH OF: ______________________

Date	Vendor	Payment Description	Check #	Amount	Budget
You may use this section, or indicate 'see attached' if you have your own form with this detailed information.					
			REIMBURSEMENT GRAND TOTAL		

RECONCILIATION

Petty Cash on Hand:

$ 100.00	
$ 50.00	
$ 20.00	
$ 10.00	
$ 5.00	
$ 1.00	
$ 0.50	
$ 0.25	
$ 0.10	
$ 0.05	
$ 0.01	
TOTAL:	

ASB Imprest Reimbursement

1000-	ASB General	
2000-	ASB Athletics	
3000-	ASB Classes	
4000-	ASB Clubs	
6000-	ASB Private Moneys	
	TOTAL:	

Total Checking Account Balance (after reconciling bank statement): ____________

Total Funds Reconciled (Reimb, Cash on Hand, and Checking Acct): ____________

Total Imprest Approved: ____________

Difference (must be $0): ____________

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described herein and that the claim is a just, due, and unpaid obligation against Walla Walla School District No. 140 and that I am authorized to authenticate and certify to said claim.

Acct Custodian/Bookkeeper Signature ____________ Date ____________

Administrator Signature ____________ Date ____________

08/01/11