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	$ 0.00	

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:	0.00

ASB Imprest Reimbursement

1000-	ASB General	
2000-	ASB Athletics	
3000-	ASB Classes	
4000-	ASB Clubs	
6000-	ASB Private Moneys	
	TOTAL:	$ 0.00

Total Checking Account Balance (after reconciling bank statement):	
Total Funds Reconciled (Reimb, Cash on Hand, and Checking Acct):	$ 0.00
Total Imprest Approved:	
Difference (must be $0):	$ 0.00

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 ______