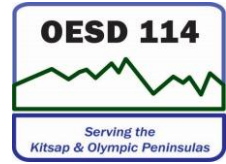




Olympic Educational Service District 114
 105 National Avenue North, Bremerton, Washington 98312
 (360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



Non-Travel Reimbursement Form

Date: _____

Name: _____

Address: _____

Note all purchases of goods and services require prior approval. Staff who obligate Olympic ESD 114 without proper authorization may be held responsible for payment such as obligations.

Please attach all receipts to the back of this form

Date	Paid To	Purpose of Purchase	Amount
Total			\$

I hereby certify under penalty of perjury that this is a true and correct claim for necessary, pre-approved expenses incurred by me and that no payment has been received by me on account hereof.

Claimant Signature: _____

Date _____

Supervisor Approval: _____

Date _____

Director Approval: _____

Date _____