

COUNCIL ROCK SCHOOL DISTRICT

ADMINISTRATION & BUSINESS OFFICES

30 North Chancellor Street
Newtown, PA 18940
Telephone: 215-944-1040
Fax: 215-944-1041

EXPENSE REIMBURSEMENT REQUEST

I certify that this is a true and correct claim for necessary expenses incurred, and no payment was made to reimburse me for these costs. I also understand that the sales tax paid on items purchased by me is not reimbursable. All reimbursements must be submitted within sixty days from date of expense.

DATE	REIMBURSEMENT DESCRIPTION	BUDGET CODE	RECEIPT ATTACHED?	AMOUNT

Valid only when signed by the requester and requesters supervisor. Prior approval from your Supervisor to use a personal credit card or cash to make purchases is also required. Please attach your completed form and prior approval to your Munis requisition and interoffice to Jessica D'Angelo at the Chancellor Center or email jessica.dangelo@crsd.org.

Requester: _____ Date: _____

Supervisor: _____ Date: _____

Superintendent Signature if over 60 days from expense date: _____

Thank you,

Council Rock School District
Business Office