

**CAMBRIDGE PUBLIC SCHOOLS
REIMBURSEMENT REQUEST FORM**

This form is used to authorize reimbursement for general out-of-pocket expenses (note that travel, tuition, and teacher instructional materials reimbursements require different forms available on the Financial Forms webpage). **Please attach original receipts, taped to an 8.5x11 sheet of paper, to document all expenses.** All information requested must be provided to ensure payment. Please submit the completed form **with all required signatures** to the **Purchasing Department** which is located at 135 Berkshire Street.

Name: _____ Last 4 Digits of Social Security # (Required): _____

Street / Apt: _____

City: _____ State: _____ Zip Code: _____

Is the individual a current school department employee? ☐ YES ☐ NO

Purchase Order Number*: _____ *If you do not already have a Purchase Order, attach a Requisition.

Date of Invoice/Receipt	Description of Expense	Amount
Total		

Submitted By: _____
Signature Phone/Ext. Date

Print Form

Approved By: _____
Administrator Signature Ext. Date

Save Form

Administrator Name and Title (please print or type)

Clear Form