



CANUTILLO INDEPENDENT SCHOOL DISTRICT NON-EMPLOYEE REIMBURSEMENT REQUEST FORM

NON-EMPLOYEE REIMBURSEMENT REQUEST VOUCHER

Please Print

DATE OF REQUEST: _____

NON EMPLOYEE NAME : _____

CAMPUS/DEPARTMENT: _____

ACCOUNT NUMBER: _____

ITEMS/SERVICES TO BE PURCHASED			
QTY	DESCRIPTION OF PURCHASE	UNIT PRICE	EXTENDED PRICE

Requestor: _____
(Signature)

(Date)

Campus Budget Authority: _____
(Signature)

(Date)

External Funding: _____
(if required) (Signature)

(Date)

Financial Services: _____
(Signature)

(Date)

Additional Documentation Attached (if applicable):

☐ Invoice

☐ Other

☐ Original Receipt

☐ Quote

This section to be completed by Accounts Payable

Check Mailed Date: _____

ERR Number _____

Check Processed By: _____

Invoice Number _____

Date Processed: _____

Check Number _____