

WOODLAND SCHOOL DISTRICT #404  
WOODLAND WASHINGTON

OUT-OF-POCKET REIMBURSEMENT FORM

I WOULD LIKE TO REQUEST REIMBURSEMENT FOR THE FOLLOWING OUT-OF-POCKET EXPENSES THAT I HAVE INCURRED FOR THE BENEFIT OF WOODLAND SCHOOL DISTRICT.

ITEM	AMOUNT
_____	\$ _____
_____	_____
_____	_____
_____	_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED BY ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DISTRICT OFFICE APPROVAL