Manchester Board of Education
Staff Reimbursement Form
To: Accounts Payable Department, Central Office
45 North School Street, Manchester, CT 06042
(860) 647-3453 or -3454

Dept. or Building Being Charged:				Date Prepared:
Account #	ORG	OBJECT	PROJECT	**Certification of Department Head** I certify that items or services which require this payment were received, counted and examined by me or by the agent whose signature is on the attached delivery slip or invoice. I further certify that any items or services are as ordered, are in good condition and represent proper expenditures for this department. X_____
Vendor # (completed by Business Office)				
Payee Name:				
Street Address:				
City:				
State, Zip:				

Date	Explanation of Purchase	Amount

Additional Comments:

STAPLE ANY ORIGINAL RECEIPTS/DOCUMENTATION TO THIS FORM.

APPROVED BY: _____ **DATE: _____**
DIRECTOR OF FINANCE AND MANAGEMENT