

**BUSINESS OFFICE**

(860) 354 - 8726

DATE \_\_\_\_\_

BOE Account \_\_\_\_\_

**EXPENDITURE REIMBURSEMENT REQUEST**

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1. Expenditure Description(s) and Amount(s)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

**TOTAL**..... \_\_\_\_\_

2. Date of Expenditure (s) \_\_\_\_\_

3. Reason the expenditure could not be processed within the parameters of the Districts current requisition system:

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Person Requesting Reimbursement \_\_\_\_\_

Authorization \_\_\_\_\_

Business Office Authorization \_\_\_\_\_

**MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED**