



Oasis Academy EMPLOYEE REIMBURSEMENT REQUEST

	Date	
Item(s)		Amount
Total		

Required: Justification / Purpose of purchase

Transaction will not be processed without prior approval of the school Administrator. Please complete form properly and ensure any and all original receipts are attached.

Purchases must comply with all applicable policies and procedures for the procurement of goods for Oasis Academy.

By signing you certify that the above goods were received by and necessary for use by Oasis Academy.

Payee - Employee Name	Employee Signature	Date
Administrator's Name	Administrator's Signature	Date
Melissa Mackedon		

For Accounting Use Only					
Sum Code	QB Class	QB Dept	Account	Amount	Note
Total					