



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.

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

For Accounting Use Only			
Sum Code	AptaFund Account Code	Amount	Note
Total			