

Prince George County Public Schools Miscellaneous Reimbursement

Date: _____

Name: _____
(Make Check Payable to – please print)

Receipt #1: \$ _____
Receipt #2: \$ _____
Receipt #3: \$ _____
Receipt #4: \$ _____
Receipt #5: \$ _____

TOTAL: \$ _____

All original receipts must be attached.

Reason for purchase(s):

Signature: _____

Principal Approval: _____
If Applicable

Admin Approval: _____
School Board Office Administrator