

## STAFF REQUISITION FORM FOR REIMBURSEMENT OF GENERAL EXPENSES

**Davenport School District**

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Quantity	Unit	Description	For	Price	Amount

Sub-Total	
Tax & Shipping	
<b>TOTAL</b>	

EXPLANATION, SPECIAL INSTRUCTIONS:

**Receipts must be attached for reimbursement. Thank you.**