

REQUEST FOR PAYMENT
NRHEG SCHOOL DISTRICT #2168

Payee: _____

Today's Date: _____

Address: _____

<u>Date</u>	<u>Description</u>	<u>Acct Code</u>	<u>\$ Amount</u>
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Total \$ _____

***Expenses:** Attach DETAILED receipts to the back of this form. All requests for travel reimbursement must be turned in on a monthly basis and are due by the 5th of the following month.

I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

_____ Staff	_____ date	_____ Principal	_____ date	_____ Superintendent	_____ date
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