REQUEST FOR PAYMENT
NRHEG SCHOOL DISTRICT #2168

Payee: _____ Today's Date:_____
Address:_____
_____

Date	Description	Acct Code	$ Amount

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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