# ST JOHNS CLASSICAL ACADEMY

## EMPLOYEE REIMBURSEMENT REQUEST

☐ **Fleming Island Campus** ☐ **Orange Park Campus**

**Send To:** School Bookkeeper

**Requested By:** _____ **Date Requested:** _____

**INVOICE/RECEIPTS MUST BE ATTACHED**

**Employee Information:**

Name _____ **Employee Email:** _____

Address _____

_____ **Accounting Number:** _____

Phone _____

**Send CheckTo:** _____

_____

| Date | Vendor | Description | Payment Method | Amount |
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| | | | Total | |

**Requested By:** _____ **Date:** _____

(Signature)

**Headmaster Signature:** _____ **Date:** _____

(Signature)

Check request must follow procurment policy guidelines.

Please note: Employees will not be reimbursed for taxes, per the procurement policy guidelines.

In order to avoid this, please use purchase order request procedures.