

# RUNGE INDEPENDENT SCHOOL DISTRICT

## REQUEST FOR PAYMENT OR REIMBURSEMENT

DATE OF REQUEST: \_\_\_\_\_ DATE REQUIRED: \_\_\_\_\_

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AMOUNT: \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_

ADDRESS TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTOR'S SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL OF CAMPUS PRINCIPAL OR AD (For Athletics) \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_