

**Attleboro Public Schools  
Attleboro, MA 02703**

**Request for Reimbursement**

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

Total Reimbursement Requested \_\_\_\_\_

**Sales tax is not reimbursed. Attach original receipts.**

**Reason for Reimbursement: Employee Purchase Program**

**Budget Line to be Charged: A2453070-551010**

**Applicants Signature:** \_\_\_\_\_

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

**Supervisor Approval:** \_\_\_\_\_

**Superintendent Approval:** \_\_\_\_\_

**City Hall Approval:** \_\_\_\_\_