



Lamesa Independent School District  
Every Student Every Day

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Request for Reimbursement

Make check payable to : \_\_\_\_\_  
(Print or Type ONLY)

Item(s) Requested: -Receipt must be attached.  
Explain reason for reimbursement in box below.

Code(s): \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Total Amount to Reimburse.....\$ \_\_\_\_\_

Requested by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature