

**Approval Signature** 

## Ridgefield Public Schools Facilities Uniform Reimbursement Form (revised 9/7/16)

Today's Date:	-				
Employee Name:	-				
Work Location:	-				
Itemized Exper	nses: Each ite	m must be entered o	n a separate line		
Purchase Date		Detailed Descrip (i.e.: tan Carhartt		Quantity	Cost
				TOTAL	\$
completed reimbers and proof of payn	ursement form nent receipt.	. For on-line orders,	please submit the det procedure will result i	ail print-out of it	ust be submitted with the ems purchased from cart f the request. Any
			•	•	usiness Office Secretary)
		•	ll mail your reimburser e submitted by June 1 <sup>st</sup>		e address that is currently cal school year.
	-	and accurate accour Collective Bargainin	•	l and that all iten	ns conform to the uniform
Employee Signatu	ıre		Dat	<u> </u>	
				<del></del>	

Date