

**Marion County School District**

***Check Request Form***

**Date**

**Payable To**

**Address**

**City**

**Amount $**

**($100 max)**

**Fund Account Number**

**Explanation of Reimbursement Request**

**State**

**Zip Code**

**Principal Prior Approval:** **Date:**

**D.O. Authorized Signature** **Date**

**\*REIMBURSEMENT EXPENSES OVER 60 DAYS WILL NOT BE REIMBURSED**

Revised March,2025