

**RANGELEY LAKES REGIONAL SCHOOL  
43 MENDOLIA ROAD  
RANGELEY, MAINE 04970  
207-864-3312**

**ITEMIZED EXPENSES FOR REIMBURSEMENT**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ACCOUNT/FUND TO BE REIMBURSED FROM:** \_\_\_\_\_

<b>AMOUNT</b>	<b>DATE</b>	<b>DESCRIPTION/PURPOSE</b>

**\*\*\* Reimbursement cannot be paid on sales tax paid \*\*\***

**TOTAL DUE \$** \_\_\_\_\_

**Attach all receipts. Attach purchase order for supplies/materials. Reimbursement requests must be submitted within 30 days.**