

**MACON COUNTY BOARD OF EDUCATION
LOCAL SCHOOL ACCOUNTING
ACCOUNTS PAYABLE**

INDIVIDUAL REIMBURSEMENT REQUEST FOR PAYMENT

School: _____

Reimbursement for: _____

Vendor # _____

Vendor's Name

Mailing Address _____

City _____ State _____ Zip Code _____

Activity #	Description of Service	Object of Expenditure/Program	Amount

Total Amount \$ _____

Signature of Vendor

Signature of Principal / Supervisor

Note: Teacher Receipt should only be used for reimbursement of students