

School/Dept./Div. **Office of Schools**

Location Code **1000** Telephone **901-416-3774**

Check No. or Reimbursement No.

Please Print

Reimbursement for school checks must be submitted separately. School Check Number must be used for If your reimbursement does not involve a school check, you may create your own reimbursement number using alphanumeric 10 digit maximum.

Requisitioner

Crystal Neal

Pay to:

Pay to Address:

Vendor Number _____ (required) or secure Bid Request Application from the Procurement Web Page; have vendor complete and return to you for submitting with your Payment Request. If business is registered in Shelby Co. - Business License Number _____

Justification: Parking expenses that occurred during DLD Training for teachers due to parking garage full to capacity at the Cook Convention Center.

\$ -
Payment Total

Superintendent	<hr/>	Date
Director	<hr/>	Date
Principal	<hr/>	Date
Department Head	<hr/>	Date
Manager	<hr/>	Date
Other (Title)	<hr/>	Date

Maintain copy of this form for your records. For questions call Accounts Payable @ 416-5407.