New Prague Area Schools 410 Central Avenue North New Prague, Mn 56071 952-758-1700 Payable to:

Address:

	REIMBURSEMENT CLAIM FORM									
		Date: Building:								
	e used for certain reimbursement or payment requ iately used. Examples would include small out of p employed by the district for services rend	ocket disbu	rsements,	payme	nt of utili	ties, payr	nents to i			
De	escription of Request		Account Code						Amount	
							otol A	mount		
						1	OLAI A	mount	-	
Signature of Claimant		_	District Administrator Signature							
Student Activities	Administration Signature									