Southeast Island School District P.O. Box 19569 Thorne Bay, AK 99919

Attachment 54

Request for Check/Reimbursement

| Address: | | | | | |
|---|---------------------------------------|-------|----------|-------|--|
| | | | | | |
| | | | | | |
| If individual person, social security number: | | | | | |
| | B tarra | | | C | |
| | Description | | | Costs | |
| | Board Member travel to Board Meeting | | | | |
| | то: | FROM: | | | |
| | | | | | |
| | **mileage & amount will be calculated | | | | |
| | | | | | |
| | by SISD Accts Payable/Receivable** | | | | |
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| | | | | | |
| Total Costs | | | | | |
| Date: | ate: School: | | | | |
| LT Approval: | | | | | |
| | | | | | |
| For Official Use Only | | | | | |
| Date: | | | Invoice: | | |
| Approval: | | | Vendor: | | |
| Title: | | | Coding: | | |

Payee: