



**NBSIA SLIP RESISTANT SHOE PROGRAM
APPLICATION FOR REIMBURSEMENT
2017/2018**

DATE: _____

DISTRICT REFERENCE NO.: _____

SCHOOL DISTRICT: _____

Please submit all invoices/receipts for this order along with the "Shoes for Crews 16/17 Order Tracking" spreadsheet. Reimbursements will not be processed without this information.

TOTAL COST FOR REIMBURSEMENT : \$ _____

"I affirm that these custodians are permanent, regular employees of the:

_____.

School District or County Office of Education

AUTHORIZED SIGNATURE: _____ **DATE:** _____

FOR NBSIA USE ONLY!

MEMBER SERVICES:

☐

LOGGED

☐

APPROVED

☐

DENIED

Member Services Manager: _____ Date: _____

Reasons for Disapproval: _____

Accounting Codes:

Vendor ID: _____

Invoice #: Safe _____

Amount: \$ _____

Account #: _____

Audit/OK to Pay: _____

Posting Date: _____