

**McKinney – Vento Homeless Education
District's Expenses
Reimbursement Pre-Approval Request**

District: _____ Date: _____

Purpose of Expenditures:

Amount Requested: _____ Date of telephone call request: _____

Liaison's Name: _____

Email Address: _____

Telephone: _____

Fax Number: _____

Summer School/Program Fee
School Supplies
Health/Dental/Eye Exam
Eye Glasses/Other Health Supplies
Testing Fees
Emergency Transportation
Other - _____

Approved by: _____

Date: _____

PRE-APPROVAL REQUIRED

Notes:

