



OZARK R-VI SCHOOL DISTRICT
FINGERPRINT REIMBURSEMENT FORM

The cost of fingerprints will be reimbursed by completing this form and attaching the original receipt received at the time your prints are taken.

EMPLOYEE NAME: _____

BUILDING: _____ POSITION: _____

AMOUNT REQUESTED: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

HUMAN RESOURCES SIGNATURE

DATE

AMOUNT AUTHORIZED

001-2311-6319-0000-00000-1-000
ACCOUNT CODE TO BE CHARGED