

**Trumbull Public Schools
TEA Employee Reimbursement Request For OT/PT Services Per MOU**

| Employee# | | | | | |
|---------------|-----|------------------------|----------|-------|------|
| Employee Name | | | | | |
| Date | For | Amount | Org# | Obj# | Proj |
| | | | 01912520 | 52002 | |
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| | | Total Amount \$ | | | |

Employee Signature _____ Date _____

Business Office Approval _____ Date _____

Please forward to Business Office with original receipts Attn: Deb Nakano