

**RICHLAND PARISH SCHOOL BOARD  
1/2 CENT SALES TAX DISTRIBUTION REIMBURSEMENT REQUEST**

To: Business Office  
 Richland Parish School Board  
 PO Box 599  
 Rayville, LA 71269

Request # \_\_\_\_\_

Requesting School \_\_\_\_\_

Date \_\_\_\_\_

Line	Expenditure Account #	Expenditure Account Title	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
<b>TOTAL</b>			<b>\$</b>

Principal Business Manager \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_

**Distribution: White - School**

**Yellow - Accounts Payable**

**Pink - Originator**