



NBSIA SLIP RESISTANT SHOE PROGRAM APPLICATION FOR REIMBURSEMENT

2023-2024



Child Nutrition Services

Custodial

DATE: _____

DISTRICT REFERENCE NO.: _____

SCHOOL DISTRICT: _____

Please submit all invoices/receipts for this order along with the "Shoes for Crews 23/24 Order Tracking" spreadsheet. Reimbursements will not be processed without this information.

TOTAL COST FOR REIMBURSEMENT : \$ _____

"I affirm that these Child Nutrition Services 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: _____