

PINELLAS COUNTY SCHOOLS  
**Direct Deposit REMOVAL AUTHORIZATION FOR EMPLOYEE EXPENSE REIMBURSEMENT**

**Send To: PINELLAS COUNTY SCHOOLS**  
**Accounting Department - AP Coordinator**  
**301 Fourth St. SW**  
**Largo, FL 33770-3536**  
**Ph. 727 . 588. 6165**

\_\_\_\_\_  
EMPLOYEE NAME (Please Print)

**SS#**       
Social Security Number (Last 5 digits)

\_\_\_\_\_  
COST CENTER NAME (Please Print)

Cost Center Number

I hereby request Pinellas County School Board send me a physical check, in lieu of Direct Deposit, for reimbursement of employee expenses.

**NOTE:** This request only applies to reimbursement of employee expenses, travel, conferences, etc.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR ACCOUNTING USE ONLY**

Date Entered: \_\_\_\_\_

Initials: \_\_\_\_\_