

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:** _____