

**EXPENSE REIMBURSEMENT CLAIM FORM**

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| --- | --- | --- | --- |
| Employee: |  | Date: |  |
| Title: |  |
| Address: |  |
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Please attach receipts for all items.

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| **DATE** | **ITEM DESCRIPTION** | **AMOUNT** |
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|  | TOTAL | $ |
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| PO # |  |  |
| CODE |  | % |
| CODE |  |  |

I hereby certify that the herein stated were expended for and on behalf of the above named district; that the above claim and the items, amounts and statements as therein set out are true and correct and that the said claim is a claim against the above named school district; that no part thereof has been heretofore paid; and that the amount claimed is justly due.

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| CLAIMANT: |  |

 **APPROVED BY:**

|  |  |
| --- | --- |
| DEPT. SUPERVISOR |  |
| VICE PRESIDENT |  |
| BUSINESS OFFICE |  |