

Employee / Claimant Information:

Name: _____ Vendor # _____ Site: _____

Address: _____ City/Zip: _____

Please Note: This form cannot be used for mileage or conference and travel reimbursement.

Original Receipts must be itemized, with the name and address of the vendor, the date of purchase, details of items purchased including description and unit cost as well as proof of payment. If an item description on the receipt is not self-explanatory, please indicate next to the item on the receipt what was purchased.

Receipts should be reimbursable in their entirety without redaction; do not mix personal and District purchases on the same receipt/transaction. Do not use highlighter pen on receipts. Receipts should be taped, without taping over any print/ink detail, to an 8.5x11 sheet of paper and attached to claim.

Please note that restaurant and eatery receipts must be itemized, detailing the food items purchased and include documentation of payment. This frequently involves two slips: the meal/order itemization and the corresponding credit card receipt.

Board Policy 6161.3- Toxic Art Supplies: The district will ensure that arts and crafts materials purchased for use by students in grades K-6 do not contain toxic substances or cause chronic illness, as determined by the State Department of Health Services. It is the district's responsibility to protect the health and safety of students when selecting materials for arts and crafts activities. By signing this form, you acknowledge that the supplies are non-toxic and comply with board policy.

Meeting Expense: Clearly identify the event by name, purpose and date in the 'Specific Purpose' column; attach a meeting agenda to the claim.

Table with 4 columns: Date, Vendor, Specific Purpose, Amount. Multiple empty rows for data entry.

Summary table with 2 columns: Description, Amount. Rows for Total, Less Disallowed, and Total Claim Reimbursement.

Funds Allocation table with 4 columns: Funds (Resource), Amount, Funding, Amount. Rows for Site Allocation, Donations, Lottery, and Title I.

Certification:

I hereby certify that the above is a correct and true statement of actual expenses incurred by me in the performance of official duties.

Signatures / Authorizations:

Employee / Claimant Date District Administration Date

Site/Department Administration Date Business Administration Date

For District Office Use Only:

Table with 5 columns: Account Code, Budget Amt, Paid Amt, Date Paid, Reference. Rows for Req #, PO #, and Date.