

STUDENT ACTIVITIES/STUDENT TRUST

CLAIM INVOICE

Washingtonville Central School District
 ATTN: CENTRAL TREASURER
 52 West Main Street
 Washingtonville, NY 10992

Date: _____

FROM: _____

ADDRESS: _____
 Or BLDG _____

SS #: _____

Note: All expenses claimed for reimbursement must be accompanied by receipts. For mileage, a printout of "Mapquest" must be attached including number of miles to destination from school district unless on the District "Reimbursement Maxtrix". If receipts are not attached, a thorough explanation must be attached. Expenses will not ordinarily be reimbursed where receipts reasonable could have been obtained.

****A COMPLETED EXTRA CLASSROOM ACTIVITY FUND VOUCHER MUST ACCOMPANY THIS FORM TO ISSUE PAYMENT****

DATE	DESCRIPTION OF ITEMS	UNIT PRICE	AMOUNT
		TOTAL	

CLAIMANT MUST SIGN THIS CERTIFICATE:

 Signature of Claimant

 Title

 Date