6	Business Services						LOMPOC Unified School District							Amount				
Jestek .	Account			Certification for Employee Reimbursement								Date (mm/dd/yy)						
Bu	dget Class	*If Resource is Not 0000, the				nen Must have District Program Director's Signature						Employee Name (First MI Last)						
**	lame Fundi	ng Reso	ource(s)	:									School or Department					
Cod	% or Aminization of Pu		**Fund	*Resource	Year	Goal	Function	C	bject	Schoo	ol Man	agement	Unit	The following is my and necessary ex school business, for the Governin	penses, these	e incurre ssion wa	d while on as granted by	
#		· criases	Vendor				Description of Purcha						em(s)				Amount \$	
1													. ,					
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
Rea	son for Rei	nburse	ement		•											Total		
									ai									
	Purchase do		er.		Other Detail													
3	Purchase w	as mac	de at a ve	endor show o	r confer	rence.			ther									
4	Other (please summarize, then provide brief detail, in the box to the right):																	
		I he	reby cer	tify that thes	purcha	ises were mad	le for legal distri	ict pur	poses	s only. <u>Att</u>	iched ar	e the rec	eipts tha	<u>it match the above</u>	itemization			
Clai	mant (Empl	oyee)				Princi	Principal of School/Head of Department (Approvin						*District Program Director (Approving)					
Acc	ounting Dep	artme	nt Staff ((Budget Veri	ication)	Printe	Printed Name (First MI Last) Date (mm/dd/					yy)	Printed	l Name (<i>First MI La</i>	st) Da	ate (mn	n/dd/yy)	