

Dieringer School District #343

Claim for Expenses - Supplies

Name: _____ **School:** _____

Address:

Directions: All receipts must be listed below with originals attached. Reimbursement requests submitted by the 10th of the month will be paid on the last business day of that month. All reimbursement requests must be submitted by the last business day of the month following the month in which the expense was incurred, or they will not be paid; expenses incurred during July or August may be submitted no later than the last business day of September. This claim cannot be processed until all required information is shown in detail.

Month: **Year:**

ITEMIZED LIST OF EXPENSES			
Date	Paid To	Purpose	Amount
MM/DD/YYYY	Costco (EXAMPLE)	Classroom Supplies (EXAMPLE)	\$0.00
Total:			\$ 0.00

ACCOUNT CODE	TOTAL
Total:	\$ 0.00

I hereby certify under the penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payments has been received by me on account thereof.

Signature of Claimant: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____