Dinuba Unified School District
Materials and Supplies Reimbursement Form

Name of Claimant	Site	Department	
Mailing Address		**Phone Number**	

Purchase Date	Store/Location where item(s) were purchased	Amount of purchase	Reason/Purpose for the purchase
TOTAL EXPENSE CLAIM		0	

**** ALL ORIGINAL ITEMIZED RECEIPTS MUST BE ATTACHED SHOWING SOURCE OF PAYMENT ****

A COMPLETE BUDGET NUMBER IS REQUIRED BEFORE YOUR REIMBURSEMENT WILL BE PROCESSED

Employee Signature — *Date*

Director/Principal Signature — *Date*

Chief Business Official — *Date*

Please allow two weeks for your claim to be processed. If you have any questions please send an email to: accountspayable@dinuba.k12.ca.us

For Office Use Only		
	Date Received	*Approved Reimbursement Amount*