



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

DIVISION OF BUSINESS SERVICES
15959 EAST GALE AVENUE · P.O. BOX 60002 · CITY OF INDUSTRY, CA 91716-0002
VOICE: (626) 933-3820 · FAX: (626) 933-3822

NO PROFIT OR GAIN INVOICE

DATE: _____ REQ# _____

TO: Hacienda La Puente Unified School District
15959 East Gale Avenue
City of Industry, CA 91745

FROM: _____

DESCRIPTION: (Brief description of items for reimbursement)

Total Amount Due \$ _____

***Please check the boxes below. If your request is missing one of these items, your No Profit No Gain will be rejected.

Pre-approval from the Director of Fiscal Services obtained before purchase

Proof of approval from Director of Fiscal Services attached

Proof of Purchase/Receipt

I hereby certify that no profit or gain was realized from this purchase.

Signature of Claimant

Supervisor's Approval of Claim

Director of Fiscal Approval

Form#1027 (Rev 05/2021)

No Profit No Gain claim forms must be submitted and received in Fiscal Services within 14 days of the purchase claimed on the form. Claim forms not submitted in a timely manner may not be paid, and paperwork will be sent back to the claimant. Whiteout is prohibited on the form. Any forms that have whiteout will be returned. Documentation reflecting prior approval will need to be attached to the form to verify that approval was given prior to the purchase. By signing this form, claimant acknowledges that they understand and accept the No Profit No Gain guidelines.