

CARUTHERS UNIFIED SCHOOL DISTRICT

CLAIM FOR REIMBURSEMENT ONLY

Employee

Site

Class/Program

Principal's Signature of Approval (Prior to Purchase)

Date of Approval

ITEMS PURCHASED

Attach original receipts to reimbursement form (make copies for your records)

Quantity	Description	Unit Price	Total

All claims against Caruthers Unified School District **MUST** give a brief description of each item, date purchased, cost per unit, quantity and total. **Itemized receipts must be attached.**

I _____ hereby certify that each item of expenditure was made by me and that said expenditure listed above constitutes a legal claim against said school district and that no part of this claim heretofore has been paid.

Employee Signature

Date

Funding Source

Total Reimbursement