



Memorandum

Newark Unified School District
5715 Musick Avenue | Newark, CA 94560

To: Business Services

From:

Department:

Date:

RE: Missing receipts for reimbursement

Please accept this approved letter in lieu of original receipts for the following transactions claimed on the attached reimbursement form:

Date	Amount	Purchase	Business Purpose
TOTAL		<input type="checkbox"/> I certify that no alcohol is included in any meal reimbursement.	

Employee Signature: _____

Supervisor Signature: _____