

ITEMIZED EXPENSE ACCOUNT CLAIM

Month of _____

Claims must be turned in no later than the 10th of the month to receive reimbursement.

Name_____

Address_____

City_____State_____Zip_____

Date	Nature of Expenses	Amount
Total of above itemized claim		\$
Reimbursement from attached mileage affidavit		\$
Grand Total		\$

CERTIFICATION

STATE OF WASHINGTON

LIBERTY SCHOOL DISTRICT #362

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against Liberty School District #362.

Signature of Supervisor

Signature of Claimant

DATE_____