



Lakewood School District #306

"In Partnership for Quality Education"

EXPENDITURE REIMBURSEMENT FORM

Employee Name: _____

(Original purchase receipts are REQUIRED- please attach to form)

<u>DATE</u>	<u>VENDOR</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
TOTAL AMOUNT DUE			

Account Code: _____ - _____ - _____ - _____ - _____

Account Code: _____ - _____ - _____ - _____ - _____

Account Code: _____ - _____ - _____ - _____ - _____

"I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and no payment has been received on account thereof."

Employee Signature: _____

Supervisor Signature: _____

Date: _____

BUSINESS OFFICE ONLY:

Verified Amount Verified Account Code Verified Valid Receipt(s)