AROMAS/SAN JUAN USD

Reimbursement for EXPENSES

Full Name:_____

Budget Code ___-____-0-4300-00-____-____-_____-___-____

Date	Vendor	Reason		Amount
Please attach original receipts		**Total Expense**		
		TOTAL CLAIMED		$ 0.00

Employee Signature:_____ _____

Date

Approved Signature:_____ _____

Date