OAK GROVE SCHOOL DISTRICT

STAFF EXPENSE REIMBURSEMENT REQUEST
EXAMPLE

NAME: Joe Smith

DATE: 4/6/2022

HOME ADDRESS FOR WARRANT TO BE SENT: 222 Broad Street, San Jose, CA 95119

When claiming a reimbursement for small out of pocket purchases, please complete this form, tape the original receipts to an 8 1/2" x 11" paper and give it to your supervisor for approval before submitting it to the Business Department. Please # your receipts and list them separately below. Use a second form if more than 8 receipts.

Receipt #	DATE OF PURCHASE	DESCRIPTION OF PURCHASE	BUDGET CODE									TOTAL AMOUNT
			FUND	RESOURCE	YR	OBJECT	SUB OBJ	GOAL	FUNCTION	COST CENTER	SITE	
1	3/31/2022	School Supplies	000	0000	0	4310	00	1110	1000	018100	015	$ 19.05
2	4/1/2022	Classroom Supplies	000	0000	0	4310	00	1110	1000	018100	015	$ 199.27
3	4/6/2022	Books	000	0000	0	4310	00	1110	1000	018100	015	$ 16.61
4												
5												
6												
7												
8												

example

USE A SECOND FORM IF MORE THAN 8 RECEIPTS

GRAND TOTAL $ 234.93

Employee Signature: Joe Smith Date: aug 3/26

Principal/Supervisor: K. PATEL (Print Name) K. Patel (Signature) Date: aug 4/26

INSTRUCTIONS:
A warrant will be issued to you and sent to your home address completed above.
Submit original purchase receipts only.
If a personal check is written for an item and a receipt doesn't show a payment was applied, attach a copy of the bank statement showing a check for the exact amount debited.