

**Palermo Union School District
7390 Bulldog Way
Palermo, CA 95968-9700
EMPLOYEE CLAIM FOR REIMBURSEMENT**

NAME:

INSTRUCTIONS TO EMPLOYEE
ITEMIZED Original RECEIPTS MUST BE ATTACHED

THIS FORM MAY NOT BE USED FOR:
EQUIPMENT PURCHASES
ITEMS AVAILABLE THROUGH OFFICE DEPOT CATALOGS (USE PURCHASE ORDER PROCESS)
TRAVEL AND MILEAGE CLAIMS

ORG KEY	OBJECT CODE	ITEMIZED DESCRIPTION	AMOUNT
TOTAL \$			

RECAP OF ACCOUNTS TO BE CHARGED:

ORG KEY _____	OBJECT CODE _____	AMOUNT\$ _____
ORG KEY _____	OBJECT CODE _____	AMOUNT\$ _____
ORG KEY _____	OBJECT CODE _____	AMOUNT\$ _____

■ certify that this is a true and correct claim for actual expenses incurred and that no payment has been received on account thereof. Personal reimbursements must not be held longer than 30 days.

Employee Signature	Date
Supervisor Signature	Date
Superintendent or Chief Business Officer Signature	Date