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 $__________

ORG KEY__________ OBJECT CODE__________ AMOUNT $__________

I 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

Coordinator of Categorical Programs Signature (if needed) — Date

Supervisor Signature — Date

Revised
7/24/2007