

Palermo Union Elementary
7390 Bulldog Way
Palermo, CA 95968-9700
EMPLOYEE CLAIM FOR REIMBURSEMENT

NAME:

INSTRUCTIONS TO EMPLOYEE

ITEMIZED Original RECEIPTS MUST BE ATTACHED

Do not use pencil. **INK** only.

THIS FORM MAY NOT BE USED FOR:
EQUIPMENT PURCHASES

ITEMS AVAILABLE THROUGH OFFICE DEPOT ONLINE (USE PURCHASE ORDER PROCESS)

Resource	Object	Goal (DO Use Only)	Function (DO Use Only)	Site	Manager	Cost Center	ITEMIZED DESCRIPTION	Total Price
							Total	\$ \$

RECAP OF ACCOUNTS TO BE CHARGED:

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

Supervisor Signature

Date

Superintendent or Chief Business Officer Signature

Date

Revised
03/2022