San Pasqual Valley Unified School District Employee Advance Form (Classroom supplies, materials, etc.)

Original receipts must accompany this form – Please print legibly

| PURPOSE: | | | | | | |
|--------------------------------------|-------------|-------------|-----------------------------------|----------|--|--|
| DATE: | TOTAL: | | | | | |
| QUANTITY | DESCRIPTION | | UNIT COST | SUBTOTAL | | |
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| Signature of Person Submitting Claim | | Signature o | Signature of Principal/Supervisor | | | |
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| FUND | RES | YR | GOAL | FUNCTION | OBJECT | SITE | AMOUNT |
|------|-----|----|------|----------|--------|------|--------|
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