San Pasqual Valley Unified School District
Reimbursement Claim Form
(Classroom supplies, materials, etc.)

Original receipts must accompany this form – Please print legibly

MONIES PAID OUT BY:

PURPOSE:

DATE: TOTAL:

QUANTITY	DESCRIPTION	UNIT COST	SUBTOTAL
		Tax	
		Total	

_____ _____

Signature of Person Submitting Claim Signature of Principal/Supervisor

_____

Superintendent/Business Services Signature

FUND	RES	YR	GOAL	FUNCTION	OBJECT	SITE	AMOUNT