

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