



# Lakewood School District #306

*"In Partnership for Quality Education"*

## EXPENDITURE REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_

*(Original purchase receipts are REQUIRED- please attach to form)*

<u>DATE</u>	<u>VENDOR</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
<b>TOTAL AMOUNT DUE</b>			

Account Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*"I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and no payment has been received on account thereof."*

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BUSINESS OFFICE ONLY:**

Verified Amount     Verified Account Code     Verified Valid Receipt(s)