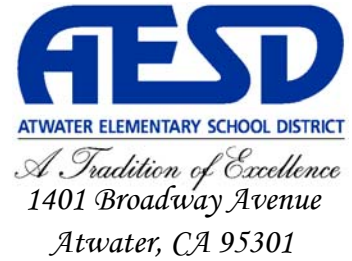


REIMBURSEMENT CLAIM FORM



Date:

Name:

Address:

I hereby certify that the following is an accurate statement of expenses for authorized school district activities.

Please check the box for the type of reimbursement being requested.

(Please include a brief description of expense.)

Meeting Expenses (i.e. meals)

Materials (i.e. instructional supplies, office supplies, etc.)

Incidentals (i.e. parking, bridge tolls, etc.)

Signed: _____

Date:

Approved by: _____

Total Amount:

Director of Special Programs: _____

Director of Educational Services: _____

If the funding source is Title 1, SIP, Gate, or IIUSP, please attach a Justification Form

Fund	Resource	Year	Object	Sub Object	Goal	Function	Site	DD1	DD2
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