

PORT TOWNSEND SCHOOL DISTRICT

Expense Claim Form

(Not for Travel Related Expenses)

Name _____

Date _____

School/Program _____

PO Ref # _____

This form is to be used for expenditures purchased by individuals, with PRIOR approval of their supervisor. If that prior approval was secured, the assumption is that a purchase order was done payable to the individual to be reimbursed for an estimated or Not to Exceed amount. The purchase order should be in the district office before the purchase is made.

EXPENSE SUMMARY DESCRIPTION :

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total Expense Reimbursement Requested \$ _____

To be submitted within 10 days of purchase with ORIGINAL receipts attached.

Account Code(s)
to Charge

Claimant
Signature _____
Administrator
Approval _____

Date

Date

Business Office 7/02