

VALLIVUE SCHOOL DISTRICT 139

CLAIM FOR REIMBURSEMENT

(Materials, supplies, professional dues, and/or services provided the district)

No claim will be approved unless signed by the original claimant and/or the person authorizing the claim. Receipts must accompany this form.

DATE: \_\_\_\_\_

Table with 3 columns: DATE, ITEM, AMOUNT. Multiple empty rows for data entry.

TOTAL \$ \_\_\_\_\_

By signing below, the claimant states that the reimbursement requested is true and correct, that the service or articles mentioned have been furnished, and that no part of the same has been allowed or paid.

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_
(Person requesting reimbursement)

ADDRESS: \_\_\_\_\_
Street number and name City State Zip

APPROVED: \_\_\_\_\_ SCHOOL: \_\_\_\_\_
Supervisor

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Fund: APPROVED:
Superintendent/Clerk