

## Caldwell School District 132

### Classroom Supply Request for Reimbursement 2018-2019

Name:	Trip Reason: NOT APPLICABLE
Address: NOT APPLICABLE	School:

**BUSINESS EXPENDITURES - purchases must be itemized and have proper documentation.**

Date:	Vendor:	Description		Amount	Supplies:	Account Code: Provided by school
						100 E 51X000 410 XXX 099
TOTAL: CANNOT EXCEED \$100				\$0.00		

*I attest that the above and attached items are true and correct and are expenditures incurred by myself as an employee of the Caldwell School District while performing services as an employee of the Caldwell School District.*

\_\_\_\_\_  
Signature of Employee Date

\_\_\_\_\_  
Approved By Principal/Director Date

Total Supplies	\$0.00
Total Reimbursement	\$0.00

***Request must be accompanied by original receipts detailing the date, vendor each item purchased, total amount of purchase and amount paid.***

***Copies of credit card or bank statements will not suffice for a receipt.***

***All items purchased are property of Caldwell School District.***