

GLENDORA UNIFIED SCHOOL DISTRICT

**REIMBURSEMENT FORM
(under \$100)**

Date _____

Name _____

Dollars (\$ _____)

SERVICES OR SUPPLIES	RESOURCE	GOAL	FUNCTION	OBJECT	LOCATION	UNIT PRICE	AMOUNT
TOTAL							

Approved by: _____

Received by: _____

Remarks: _____

Submit this form and original detail receipts to Purchasing.