

Family Partnership Charter School

Claim for Reimbursement

IN ORDER TO ENSURE REIMBURSEMENT

ALL REIMBURSEMENTS REQUESTS MUST INCLUDE THE FOLLOWING

Be reviewed and signed off by site coordinator

Authorized by Business Manager and Administrative Personnel

Have original receipts attached

Date Prepared: _____

Employee Name: _____

Address: _____

City, State, Zip: _____

Charge to: (circle one) Gen. Fund Lottery PBL Discretionary PBL Grant Special Ed. Fundraising Funds

ITEMIZATION OF ITEMS REQUESTING TO PURCHASE

VENDOR

DESCRIPTION

AMOUNT

<u>VENDOR</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL CLAIM \$ _____

I certify that these purchases were made for legal school district purposes only. Attached are the original cash register tapes or receipts.

Employee signature

Date

REVIEW AND APPROVAL

Site Coordinator Review: _____
Signature _____ Date _____

Business Manager Approval: _____
Signature _____ Date _____

Authorized Admin. Official: _____
Signature _____ Date _____

FOR OFFICE USE ONLY

Vendor # _____ Document # _____ Posted By & Date _____

Budget Code _____ Posted By & Date _____