

Please fill out in duplicate

Hilmar Unified School District

REIMBURSEMENT FOR MISCELLANEOUS EXPENSES

NAME _____

EXPENDITURES

(Please attach lists & receipts on back)

Vendor	Item	Cost

TOTAL EXPENSE _____

"I certify that the above listed expenses are accurate and were incurred in my capacity as an employee of the Hilmar Unified School District"

Signature of Claimant

Date

Approved for payment _____
Signature & Title - Principal, Business Manager, Superintendent

Budget Class _____

Vendor # _____