

Materials and Supplies Expense Claim

Name: _____ Site: _____
Address: _____ City/Zip: _____

Meeting Expense: Clearly identify the event by name, purpose and date in the 'Specific Purpose' column; attach a meeting agenda to the claim.

[illegible]

Total Claim Reimbursement:

Funds (Resource)	Amount	Goal	Amount	Function	Amount
Site Allocation		Undistributed		Instruction	
Donations		Regular Ed		Admin	
Lottery		Bilingual		Health/First Aid	
Title I		Spec Ed Severe		Operations	
Supplemental & Concentration		Spec Ed Non Severe		Testing	
Library		Preschool		Other:	
Other:		Other:		Other:	
Other:		Other:		Other:	
Total	-	Total	-	Total	-

Signatures / Authorizations:

<i>Employee / Claimant</i>	<i>Date</i>	<i>District Administration</i>	<i>Date</i>
<i>Site/Department Administration</i>	<i>Date</i>	<i>Business Administration</i>	<i>Date</i>

Account Code	Budget Amt	Paid Amt	Date Paid	Reference
				Req #
				PO #
				Date: