Materials and	Supplies	Evnence	Claim
vialerials and	Simpones	CXDelise	CHAIII

Galt Joint Union Ele	ementary School D	istrict		Materi	als and Supp	lies Expense Claim
Employee / Claimant Inf	formation:					
Name:				Site:		
Address:				- City/Zip:		
	annot be used for mile	age or conference and travel	reimhursement	City/Eip.		
		e and address of the vendor, the		of items purchas	ead including day	cription and unit cost as
well as proof of payment. I	f an item description on	the receipt is not self-explanat	ory, please indicate next t	o the item on the	receipt what was	s purchased.
-		y without redaction; do not m ped, without taping over any p	•	•		
		must be itemized, detailing th the corresponding credit card		and include doci	umentation of po	syment. This frequently
glue, paint, cleaners, etc,	nust be clearly labeled	use in the classroom that conta as 'non-toxic' with the approp	riate certification referen	ce. Attach a pho	tocopy the packi	ng idetntifying the name
		c' certification to the reimburs ame, purpose and date in the 'S				
		ame, purpose and date in the S		anach a meening	agenaa io ine ci	
Date	Vendor		Specific Purpose			Amount *
Expense needs to be alloca	ated by Resource, Goal	and Function; the total of each	section should equal the		Total	
		e from more than one Resourc			Less Disallowed	:
that should be expensed to						
E 1 (D)		G 1			Reimbursement	
Funds (Resource)	Amount	Goal	Amount	Function		Amount
Site Allocation		Undistributed		Instruction		
Donations		Regular Ed		Admin		
Lottery		Bilingual		Health/First Aid	l .	
Title I	··	Spec Ed Severe		Operations		
Supplemental & Concentra	ition	Spec Ed Non Severe		Testing		
Library		Preschool		Other:		
Other:		Other:		Other:		
Other:		Other:	,	Other:	m	
Tota	al -	Tota	al -		Total	
Certification:						*Including Sales Tax
I hereby certify that the ab	ove is a correct and true	e statement of actual expenses i	incurred by me in the perf	ormance of offici	al duties.	
G: 4 / 4 d · 4:						
Signatures / Authorization	ons:					
Employee / Claima	nt	Date	District Adr	ninistration		Date
Cita/Dt : 4	dministration	Data	D 4	lministration		Date
Site/Department A		Date	Business Ad	lministration		Date
For District Office Use Only:	Account Code		Budget Amt	Paid Amt	Date Paid	Reference
	Account Couc		Budget Aint	- and Allit	Date Fald	
						Req#
						PO#
						Date: