REEF-SUNSET UNIFIED SCHOOL DISTRICT
EXPENSE REPORT

Name_____

Home Address_____

_____

( )_____

(For Office Use Only)

Pay Voucher No._____

Vendor No._____

DATE	DESTINATION/PURPOSE	EXPENSES (Please attach receipts)					TOTAL CASH	DIST CREDIT CARD	TOTAL MILES
		BKFST	LUNCH	DINNER	LODGING	OTHER			

LINE	FD	RE	P	GO	FN	OB	SI	MA	ENC. AMOUNT
1									
2									
3									
4									

1.Total other expenses paid in cash $ _____

2.ADD: _____ miles @$._____ per mile _____

3.Total combined miles and other _____

4.LESS: Cash advance & unapproved exp. _____

TOTAL REFUND TO DISTRICT _____

TOTAL REIMBURSEMENT TO EMPLOYEE _____

EMPOYEE CERTIFICATION

I hereby certify that the above claim and items are true and correct:

_____
Signature

Date_____

_____
Principal/Manager Date

_____
Project Director Date

_____
Supt./Business Manager Date