Port Townsend School District Expense Claim Form

(Not for Travel Related Expenses)

| Name [print]: | Date: |
|---|---|
| School / Program: | PO #: |
| that prior approval was secured, the assump | hased by individuals, with PRIOR approval of their supervisor. I tion is that a purchase order was done, payable to the individua Exceed amount. The purchase order should be in the district |
| Expense Summary Description | Cost (\$) |
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| Total Exp | pense Reimbursement Requested: \$ |
| To be submitted within 10 day | ys of purchase with ORIGINAL receipts attached. |
| I hereby certify that this is a true and correct been reimbursed in any form. | claim for necessary expenses incurred and for which I have not |
| Claimant Signature: | Date: |
| Budget Account Code to Charge: | |
| Administrator Approval: | Date: |