

ESCONDIDO UNION HIGH SCHOOL DISTRICT REIMBURSEMENT REQUEST FORM

SCHOOL / DEPARTMENT _____ DATE _____

ACCOUNT # _____ \$ _____

ACCOUNT # _____ \$ _____

_____ IS HEREBY AUTHORIZED TO MAKE
THESE PURCHASES AND IS TO BE REIMBURSED BY ESCONDIDO UNION HIGH SCHOOL DISTRICT.

MAKE CHECK PAYABLE TO: _____

GENERAL DESCRIPTION OF ITEMS:

PURPOSE OF PURCHASE

_____	_____	AMOUNT _____
_____	_____	AMOUNT _____
_____	_____	AMOUNT _____
_____	_____	AMOUNT _____
		TOTAL \$ _____

MUST ATTACH ORIGINAL RECEIPTS AND PLEASE DO NOT INCLUDE PERSONAL ITEMS ON THE SAME PURCHASE.

FOR FINANCE USE ONLY:

FINANCE APPROVAL _____

CHECK NUMBER _____

CHECK DATE _____

BATCH NUMBER _____

EMPLOYEE'S SIGNATURE

ADMINISTRATOR'S SIGNATURE

CATEGORICAL PROGRAM DIRECTOR'S SIGNATURE (if necessary)