Evergreen School District

Claim for Reimbursement - Supplies

Name _____ Date _____

Location _____

Instructions:

Submit this form in triplicate to the District Office when claiming reimbursement for supplies only. List names of the vendors with a brief description of items purchased. Show total of each invoice for each vendor listed. The original copies of all invoices or receipts must be attached to this claim form. All claims must be approved by the Principal or Assistant Principal. Total claims must be $25 or above.

VENDOR	DESCRIPTION	AMOUNT

Total Amount of Claim _____

Claimant's Signature _____ Approved By _____

District Office Approval _____ Special Projects Approval _____

Fund [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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D-147

Revised 12/04/06

White & Yellow to the Business Office, Pink to the Site