

SAN BENITO HIGH SCHOOL

Reimbursement Claim
(for other than conferences or travel)

Person making claim: _____

Program/Division: _____

Describe expense(s) incurred: _____ PO# _____

Quantity	Description	Purpose or Use in School	Cost
		Total Claim:	

ATTACH FULL RECEIPTS FOR ALL ITEMS

I certify that these expenses were incurred as authorized in advance for school purposes.

Claimant's Signature: _____

Date: _____

APPROVALS:

Division Chair: _____

Curriculum Director: _____

Director of Finance/Superintendent: _____