TUOLUMNE CO. SUPERINTENDENT OF SCHOOLS REQUEST FOR REIMBURSEMENT

NAME:_____

ADDRESS:

(Employee)

_

DATE	REIMBURSEMENT FOR: (INCLUDE RECEIPTS)	CHARGE TO	AMOUNT

TOTAL:	

Signature of Employee (I certify that the above claim is a true and accurate)

Signature of Department Head

Approved-Buisness Dept.

Account Number

Account Number

Date

Date

Date