

Laguna Beach Unified School District

Expense Reimbursement Statement

Name: _____ Site: _____ Today's Date: _____

Expenditures approved by: _____

Purpose of Expenditures: _____

Expense Report

(Please attach itemized receipts taped on 8x11 paper)

| Date | Vendor | Description | Amount |
|------|--------|-------------|--------|
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TOTAL EXPENSES: _____

Account Number: _____

I hereby certify that the above listed expenditures have been made only for items of services and materials that are legal charges against the school district.

 Employee Signature Date

Approved by:

 Principal/Department Head Date

 Superintendent/Chief Business Official Date

TOTAL ALL EXPENSES: _____
 - LESS ADVANCE: _____
 NET TO EMPLOYEE: _____