

COLUMBIA UNION SCHOOL DISTRICT REIMBURSEMENT CLAIM FORM

Pre-approval is necessary to present claim

Payee: _____

Mailing Address: _____

City/State/Zip: _____

Estimated expense: _____

Pre-Approval Signature: _____ **Date:** _____

ITEM #	PURPOSE	EXPENSE
1)		
2)		
3)		
4)		
Total Reimbursement Requested:		\$

Receipts are REQUIRED for ALL reimbursable costs.

Claimant Signature	Date	Supervisor Signature	Date
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Account: _____