

EAST SIDE UNION HIGH SCHOOL DISTRICT

REQUEST FOR REIMBURSEMENT

NAME _____

MONTH _____ YEAR _____

ADDRESS _____

FD	LO	Prog	Goal	FUNCT	OBJ	RES	YR	MANG

Please print clearly with ZIP CODE

DATE	DESCRIPTION OF EXPENSE	PURPOSE	AMOUNT

TOTAL: _____

Signature of Employee

Signature of Administrator Authorized
for expenditure