

EL MONTE UNION HIGH SCHOOL DISTRICT

004387

REQUEST FOR REIMBURSEMENT-----NOT TO EXCEED \$20.00

NOTE: Please attach all receipts.

Date: _____, 20____
(Month) (Day)

Received from the Director of Accounting, Custodian of Revolving Cash Fund of the El Monte Union High School District, the sum of \$ _____

SERVICES OR SUPPLIES AS LISTED BELOW	UNIT PRICE	AMOUNT
		\$

Purchased By: _____ Site: _____

*** Must be completed before being submitted***

FUND (3)	RESOURCE (6)	GOAL (5)	FUNCTION (5)	OBJECT (4)	LOCATION (7)	DEPT (4)	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

BUS. OFFICE ONLY

PAID	_____
DATE	_____
NAME	_____

Approved by: _____
White-District

Business Manager: _____
Canary-Business *Pink-Requisitioner*