

Stanwood-Camano School District No. 401
26920 Pioneer Hwy - Stanwood, WA 98292

EXPENDITURE CLAIM

Claimant's Legal Name: _____

Mailing Address: _____

City, State, Zip: _____

Purchased From (list vendor name(s):

Vendor 1: _____

Vendor 2: _____

Vendor 3: _____

Vendor 4: _____

Complete the following:

Total Amount

Reimbursed: \$ _____

Account

Code: _____

Purchase

Order # _____

(if applicable)

Item(s) Purchased:

DIRECTIONS: Tape all receipts and proof of payment on a separate piece of paper and staple to this form.

Reason Paid Directly: _____

By signing below, I am verifying that the goods/services have been received. I hereby certify, under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no other payment was received by me on account thereof.

Incomplete claims will be returned to employee and not processed until complete.

Claimant's Signature / *Date*

Principal/Supervisor Signature / *Date*