

Paradise Unified School District REIMBURSEMENT CLAIM

Use for out of pocket expenses or refunds

IMPORTANT:

- Claim must be filed within 60 days
- Items must be listed in chronological order (earliest date first).
- All invoices and supporting documents related to this claim must be attached.

Employee

Non-Employee

Claimant Name: _____

Employee ID #: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Date	Purpose	Amount
	Total	

Signature of Claimant / Requester

Approved By

Date

Date

COST ACCOUNTING INFORMATION

ORG KEY/OBJECT CODE	AMOUNT