

**Evergreen School District**  
**Claim for Reimbursement- Supplies**

Name

Date

Location

**Instructions:**

Submit this form in triplicate to the District Office when claiming reimbursement for supplies only. List names of the vendors with a brief description of items purchased. Show total of each invoice or receipt for each vendor listed. The original copies of all invoices or receipts must be attached to this claim form. All claims must be approved by the Site Administrator. Total claims must be at least \$25. Claims must not total more than \$500 unless prior approval was obtained from the Director and Chief Financial Officer.

VENDOR	DESCRIPTION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Total Amount of Claim \_\_\_\_\_

Claimant's Signature \_\_\_\_\_

Approved By \_\_\_\_\_

District Office Approval \_\_\_\_\_

Special Projects Approval \_\_\_\_\_

<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 20px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 20px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 30px;" type="checkbox"/>	<input style="width: 40px; height: 30px;" type="checkbox"/>
FND	RESC	Y	OBJT	SO	GOAL	FUNC	SCH