

INVOICE

TO: SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
1651 Sixteen Street
Santa Monica, CA 90404

DATE: _____

CLAIM FOR REIMBURSEMENT OF EXPENDITURES

I hereby request reimbursement for supplies purchased for school purposes as per attached receipt(s). (Receipts Required)

I certify that no profit was received from this purchase.

Print Name: _____

Signature _____

Address _____

Reasons: _____

Approved by: _____

Print Name: _____

Date: _____

(ORIGINAL ITEMIZED RECEIPTS ATTACHED)

Preauthorization Number: _____

Requisition Number: _____