

CHIMACUM SCHOOL DISTRICT
Refund / Reimbursement of Expense Incurred

Name: _____

Address: _____

City, State, Zip: _____

Date of Purchase: _____ **Amt of Purchase: \$** _____

Staple **ORIGINAL** receipt for refund of expense/s incurred.

Brief Description of reason expense incurred:

"I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof."

Signature: _____

Date: _____

Approved: _____

Charge to Acct: _____