INVOICE

TO: LAKESIDE UNION SCHOOL DISTRICT DATE: _____

NAME: _____
(PRINT ONLY)

LOCATION: _____

REIMBURSEMENT OF EXPENSES

NOTICE: You must include adding machine tape showing total if multiple receipts are attached.
NO PERSONAL ITEMS OR EQUIPMENT.

UNIT	DESCRIPTION OF ITEM	UNIT COST	TOTAL
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
		TOTAL CLAIM	0.00

Claimant's Signature: _____
(Must be signed in INK)

Principal or Supervisor's Approval: _____

FD	RES	GOAL	FUNC	OBJECT	SITE	OP - UNIT	
XXXX	XXXXXXX	XXXX	XXXX	XXXXXXX	XXX	XXX	

Business Office Approval: _____

FOOD ITEMS LISTED ABOVE ARE FOR USE AS INSTRUCTIONAL SUPPLIES AND/OR CLASSROOM INCENTIVES.

_____
Principal or Supervisor's Verification