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	SCH-LOC	CC	Py
xx-xx	xxxx-xxx	xxxx	xxxx	xxxx-xxx	xxx-xxx	xxx	x
				4300-000			

Business Office Approval: _____

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

_____
Principal or Supervisor's Verification