NEW HAVEN UNIFIED SCHOOL DISTRICT
CASH PURCHASE REIMBURSEMENT FORM

Reset Print

School or Location: _____ **Date:** _____

Check Payable To: _____

Cash Purchases Shall Not Exceed Two Hundred Dollars ($200) Per Transaction. EQUIPMENT ITEMS ARE NOT ALLOWED

Company Name	Type of Items Purchased	Budget Code								Amount
		Fund	Res.	Year	Goal	Func.	Object	School	Mgmt.	

TOTAL $0.00

Instructions:
1. Attach original receipts.
2. Must be approved (signed) by Principal/Site Administrator
3. Submit signed form to Fiscal Services Department.

Approved:

_____ _____

Principal/Site Administrator Date

Business Department Use Only:

Approved for Reimbursement:

Chief Business Officer or Designee *Date*