

CASTAIC UNION SCHOOL DISTRICT

28131 Livingston Avenue ■ Valencia, California 91355
 Phone (661) 257-4500 ■ Fax (661) 257-3596

REIMBURSEMENT REQUEST

ITEMIZE EACH PURCHASE

Vendor	Description	Amount
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL PURCHASE		\$ _____
Including Sales Tax		

Purchased by _____ Purchased for _____
Class or Program

Date of Purchase _____ School or Location _____

Approved by _____ Approval Date: _____
Supervisor

Account String

Fund	Resource	Goal	Function	Object	Location
------	----------	------	----------	--------	----------

After approval, send this completed form to Gretchen Bergstrom with all receipts attached immediately after making purchase.

Approved: _____
Gretchen Bergstrom