

Desert Sands Unified School District
MONTHLY EXPENSE CLAIM

Date _____

Name _____

Employee ID# _____

School/Dept. _____

Purpose of Expense _____

Claim Date	Claim #	Claim Paid

**Submit at the end of each calendar month.
 Subject to denial if not received by the 10th of the month following purchase.
 Non-allowable items will not be reimbursed. Please see purchasing website for list.**

Transportation Expense						Other Expense		
Date	From	To	Miles	Rate	Amount	Purpose (Receipts Attached)	Amount	
					Total Other Expense			
TOTAL					Total Transp. Expense			
						Total Amount Due		

I hereby certify that the above was necessarily incurred in the performance of my job.

Account Code:

Signature _____
Employee

Fund	School	Resource	PY	Goal	Function	Object
xx	xxx	xxxx	x	xxxx	xxxx	xxxx

Verified By _____
Principal or Supervisor

(Authorized signature required to release restricted monies.)

INSTRUCTIONS:

1. Original receipt must be attached.
2. Scotch tape the receipts to a separate sheet and attach to this claim.
3. All receipts must be itemized.
4. Retain pink copy for your records.