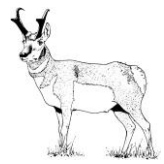


ANTELOPE ELEMENTARY SCHOOL DISTRICT

22630 ANTELOPE BLVD • RED BLUFF, CA 96080 • (530) 527-1272 • FAX (530) 527-2931



REIMBURSEMENT CLAIM FORM

(Form must be printed on yellow paper)

Date_____

Name of Employee_____

Amount of Purchase_____

Purpose of Expenditure_____

Number of Receipts Attached_____

Fund_____

➤ **Circle the total on each receipt, DO NOT highlight**

➤ **Attach original receipt(s) and a copy to the back of this form**

Employee Signature_____

Office Use:

District Approval_____Date_____

