

EAST SIDE UNION HIGH SCHOOL DISTRICT

EMPLOYEE REIMBURSEMENT REQUEST

EMPLOYEE ID _____ VENDOR # _____

NAME _____

MONTH _____ YEAR _____

ADDRESS _____

FUND	SITE	COST CENTER	GOAL	FUNCTION	RESOURCE	YEAR	MANAGER	OBJECT
1								
2								

Please print clearly with ZIP CODE

DATE	DESCRIPTION OF EXPENSE	PURPOSE	AMOUNT

TOTAL: _____

Signature of Employee

Signature of Administrator
Authorized for Expenditure