

**MORAGA SCHOOL DISTRICT  
PURCHASE EXPENSE CLAIM**

Name \_\_\_\_\_

Date \_\_\_\_\_

Purpose \_\_\_\_\_

DATE	VENDOR	DESCRIPTION	COST	BUDGET CODE
				01 - - - - - 0 - 000-

Signed \_\_\_\_\_  
Employee Signature

Approved \_\_\_\_\_  
Supervisor

**ORIGINAL RECEIPTS PLUS PROOF OF PAYMENT MUST BE ATTACHED TO RECEIVE REIMBURSEMENT**