LAS VIRGENES UNIFIED SHOOL DISTRICT
STAFF REIMBURSEMENT EXPENSE TRACKER
PO NUMBER REQUIRED

Name _____ **PO Number** _____

Claim Date _____

Date of Charge	Vendor	Purchase Description	Amount

TOTAL **$0.00**

**Please note that the staff member must keep track of expenses. If the PO needs to be increased, the PO must be modified and finalized before making any additional purchases.

**Please attach original receipts to this form.

**I hereby certify that these charges are for actual and necessary expenses of the Las Virgenes Unified School District.

Staff Signature_____ **Approval Signature**_____

Print Name_____ **Print Name**_____