



# MORAGA SCHOOL DISTRICT PURCHASE EXPENSE CLAIM

Name \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

DATE	VENDOR	DESCRIPTION	COST	BUDGET CODE

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

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

**ORIGINAL RECEIPTS MUST BE ATTACHED TO RECEIVE REIMBURSEMENT**