LOST RECEIPTS/PERSONAL EXPENSE
SUMMARY VOUCHER

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

NAME: _____ POSITION: _____

SITE: Student Support Services MONTH OF: 20

DATE OF EXPENSE	SUMMARY OF ITEMS PURCHASED	PURPOSE/DESCRIPTION	AMOUNT
	TOTAL AMOUNT OF EXPENSES:		

I am requesting reimbursement for the above listed expenses in accordance with District Regulations. I have lost the receipts and I certify that these out of pocket costs have been incurred by me in the performance of my official duties for the San Francisco Unified School District.

Signature Date