

**Morgan Hill Unified School District  
PERSONAL NON-TRAVEL REIMBURSEMENT CLAIM FORM**



EMPLOYEE INFORMATION					BUDGET ACCOUNT NUMBER(S)	
Name						
Address						
City		ST		Zip		Purchase Order Number:

Date of Purchase	Vendor Name	Items Purchased	Purpose of Expense	Amount of Expense
<b>Total Amount Requested</b>				

List each receipt individually on separate lines. Attach original receipts to the back of this form. Use additional sheets of paper if necessary. School District purchases should be purchased on a separate receipt from personal purchases. Reimbursement requests must be submitted within 20 days of the date of purchase.

		<b>FOR BUSINESS USE ONLY</b>	
Employee Signature	Date	Adjustment (+ or -) Description	Amount
Budget Administrator Name (Print)			
Budget Administrator Signature	Date	Total Amount Reimbursed	