

Notes:

Sugar-Salem School District No. 322

105 West Center • P.O. Box 150 • Sugar City, ID 83448 Phone (208) 356-8802 • Fax (208) 356-7237

RECEIPT FORM

| RECEIPT FORM | | | RECEIPT FORM | | |
|-------------------------------|------------------|-----------------------|--|------------|--------------------|
| { } Char | ge { } | Reimbursement | { } Charge | | { } Reimbursement |
| Rational fo | - |] Office supplies | Rational for expense: [] Classroom supplies [] Office supplies | | |
| [] Student behavior supplies | | | [] Student behavior supplies | | |
| [] PD travel expense–gas | | | [] PD travel expense–gas | | |
| = = | el–shuttle/cab | | [] PD travel–shuttle/cab | | |
| | el meal per dien | า | [] PD travel meal per diem | | |
| [] Other | · | | [] Other | | |
| Receipt(s) | information: | | Receipt(s) | informatio | n: |
| Date: | Vendor: | Amount: | Date: | Vendor | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | iness that need | s payment to go | | | eeds payment to go |
| Employee signature/Date: | | | Employee signature/Date: | | |
| • • | √ funding admin | istrator / director / | Approval by funding administrator / director / supervisor: | | |
| PO # | | | PO # | | |

Notes:

Sugar-Salem School District No. 322

105 West Center • P.O. Box 150 • Sugar City, ID 83448 Phone (208) 356-8802 • Fax (208) 356-7237