

How to use YK1's fillable Expense Claim Forms

- 1. Download a copy to your computer
- 2. Click "Save As" and rename the file
- 3. Fill in all necessary fields
- 4. Do not fill in the "Office Use Only" grey fields
- 5. Save the file
- 6. Print off and sign/date
- 7. Submit to school or district office with original receipts attached
- 8. Always use a new form for each expense claim submitted. DO NOT EDIT AN OLD EXPENSE CLAIM FORM.

* Please attach Original Receipts *

Vendor #:

EC

(EC - Insert date Expense Claim signed by claimant)

		(20 1115611	date Expense Glaim Signed by Glaiman
First Name		Last Name	
Address			
, taai ooo			
*DD EVDENOE	*Approved BD Leave Poquest form	*MEDICAL TRAVEL	Approved/Completed

PD EXPENSE

Claimant Signature

Date Y/M/D

*Approved PD Leave Request form with conference agenda/program **MUST** be attached for reimbursement MEDICAL TRAVEL

Approved/Completed Medical Travel form MUST be attached for

SGF (school generated funds)

Approved by:

Date Y/M/D

reimbursement

Department (SJF	only):				OFFICE USE ONLY		
DATE-Y/M/D	EXF	PENSE DESCRIPTION			ACCOUNT NUMBER	GST (from receipt)	AMOUNT (Including GST)
	OFFICE	E LISE ONLY				Accou	unt Codo Total
<u>OFFICE USE ONLY</u> ACCOUNT CODES:			GST per Account Code		Account Code Total (including GST)		
							1
					TOTAL GS	т	
All receipts mus	et ha attach	and & claim signed	hafara annray	al for nave			Τ
		ned & claim signed				AND TOTAL	
All expenses M	USI DE SUD	mitted PRIOR to th	ie ena of the C	urrent SCN	GRA	AND TOTAL	