

BARSTOW UNIFIED SCHOOL DISTRICT
 551 South Avenue "H"
 Barstow, CA 92311
Employee Reimbursement

Employee Name _____

School or Department _____

ADDRESS _____

Date _____

ADDRESS _____

 Department Head or Principal's Signature

Account Code	Item	Amount

I certify that the above items are actual and necessary expenses incurred for Barstow Unified School District purposes and are in accordance with the appropriate Education Codes for the State of California.

 Employee's Signature

 Instructional Support Services Director
 (If charged to categorical funds ONLY)

 Fiscal Services Director Signature