

**LOS ANGELES UNIFIED SCHOOL DISTRICT
IMPREST REIMBURSEMENT**

DATE: _____

CHECK VOUCHER FOR DISBURSEMENT

SCHOOL NAME _____

INSTRUCTIONS: For each check issued, complete this form and staple it to **each original Sales Receipt or Invoice.** No Copies!

Check written to _____

Amount \$ _____ Description _____

Date of Check _____ Check# _____

Funding Line: Fund _____ Functional Area _____

Claim # _____ GL Account _____

- IMA
- Supplies
- Advisory Committee Expenses
- Conference Attendance
- Other

Purpose of Expenditure _____

APPROVED: _____

Principal's Signature

Date



PERSONNEL COMMISSION

www.oetraining.net

Phone: 213-241-3440 **Fax:** 213-241-8450