Coquille School District 8

Code: **DJFA-AR**
Adopted: 6/23/97
Readopted: 9/10/07

Business Expense (Bank Card) Claim

_____ _____
Name Office

Time Period Covered: From _____ To _____(Inclusive)

Please list each expenditure separately. Attach receipts for all lodging and other disbursements of $25 or more. Please submit in duplicate.

Date	Item	Expense	Auto Meals	Lodging	Transpor-tation	Misc.

TOTALS _____

Total amount due this bank card statement: $_____

_____ _____
Date Submitted Submitted By

_____ _____
Date Approved Approved By