Pioneer Union School District
Reimbursement Claim Form

Name:_____

Date:_____

DIRECT ALL CORRESPONDENCE TO ACCOUNTING DEPARTMENT

DATE	QUANTITY	ITEMIZED DESCRIPTION	AMOUNT

Account Code:	Total $	0.00

INSTRUCTION TO CLAIMANT All claims against the Pioneer Union School District **MUST** have claimant signature, Principal/Supervisor approval, and Superintendent Approval. Itemized receipts **MUST** be attached. **Claimant Signature:** _____	**Supervisor Approval:** **CBO Approval:** **Superintendent Approval:**