



**Sugar-Salem School District No. 322**

105 West Center • P.O. Box 150 • Sugar City, ID 83448  
Phone (208) 356-8802 • Fax (208) 356-7237

**RECEIPT FORM**

{ } Charge	{ } Reimbursement
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**Rational for expense:**

- Classroom supplies     Office supplies
- Student behavior supplies
- PD travel expense–gas
- PD travel–shuttle/cab
- PD travel meal per diem
- Other \_\_\_\_\_

**Receipt(s) information:**

Date:	Vendor:	Amount:

Person/business that needs payment to go to: \_\_\_\_\_

Employee signature/Date:  
\_\_\_\_\_

Approval by funding administrator / director / supervisor: \_\_\_\_\_

PO # \_\_\_\_\_

Notes:



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