**Literacy First Charter Schools** 

DATE: \_\_\_\_\_

 $FA \Box JA \Box LA \Box PA \Box HS \Box$ 

799 East Washington Ave. El Cajon, CA 92020

NAME: ADDRESS: CITY, STATE, ZIP:

## **EMPLOYEE REIMBURSEMENT**

\*Please remember to include any sales tax paid on your purchases.

DATE	VENDOR	DESCRIPTION	OBJECT	AMOUNT
			TOTAL	\$

**EMPLOYEE'S SIGNATURE:** 

ADMINISTRATOR'S APPROVAL:

BUDGET #:

**BUSINESS APPROVAL:**