

DATE: _____

**799 East Washington Ave.
El Cajon, CA 92020**

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

*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: