Literacy First Charter Schools **DATE:** _____

PA ☐ JA ☐ LA ☐ HS ☐

799 East Washington
El Cajon, Ca 92020

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP _____

EMPLOYEE REIMBURSEMENT

DATE	VENDOR	DESCRIPTION	OBJECT	AMOUNT
			TOTAL	**$ -**

EMPLOYEE'S SIGNATURE: _____

ADMINISTRATOR'S APPROVAL: _____

BUDGET #: _____

_____

_____

_____

_____

BUSINESS APPROVAL: _____

db2012