



REQUEST FOR REIMBURSEMENTS

Measure G1 2017-18 Expense Report

- 1) Measure G1 Expenses must align with the OUSD Board of Education approved proposal.
- 2) Goods and Services: Please provide an invoice and proof of payment for each expense.
- 3) Positions/Labor: Please submit a job description, rate of pay and proof of payment.

School Site: _____ Phone #: _____ Date: _____

Address: _____

Contact Name: _____ Title: _____

Date of Expense	Detailed Description	Plan Area (i.e. music, art, world language, culture & climate, etc.)	Amount
Total			\$ -

I hereby certify that the above is correct and a true statement of the actual and approved Measure G1 expenses incurred by our site in compliance with the Measure G1 Administrative Regulations and the school site's Board of Education approved 2017-18 Measure G1 plan.

School Representative Name _____ Title: _____

School Representative Signature: _____ Date: _____

OUSD Reviewer Name/Signature: _____ Date: _____

OUSD Reconciliation Processed By: _____ Date: _____