## IMPREST REIMBURSEMENT REQUEST

## SCHOOL/DEPARTMENT NAME: EXPENSES FOR THE MONTH OF:



I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered, or the labor performed as described herein and that the claim is a just, due, and unpaid obligation against Walla Walla School District No. 140 and that I am authorized to authenticate and certify to said claim.

