

**Brookings-Harbor  
School District 17C**

Code: **DJFA-AR(1)**  
 Adopted: 5/21/08  
 Readopted: 1/15/14

**Business Expense (Bank Card) Claim**

Name \_\_\_\_\_ Office \_\_\_\_\_

Time Period Covered: From \_\_\_\_\_ To \_\_\_\_\_  
 (Inclusive)

Please list each expenditure separately. Attach receipts for all lodging and other disbursements.

Date	Item	Account Code	Auto Expense	Meals	Lodging	Transportation	Miscellaneous
<b>TOTALS:</b>							

Total amount due this bank card statement: \$ \_\_\_\_\_

Date Submitted \_\_\_\_\_ Submitted By \_\_\_\_\_

Date Approved \_\_\_\_\_ Approved By \_\_\_\_\_