Oakland Unified School District

ACCOUNTS PAYABLE DIVISION
1025 Second Ave. (Rm. 115C) - Oakland, CA 94606
Phone: (510) 879-8159
Fax: (510) 879-1773

SPECIAL EVENT & ACTIVITIES EXPENDITURE CLAIM

Name _____ Date of Request _____

Phone Number _____Site Name_____

Meeting/Conference Location: _____

Date(s) Held: _____

Total Cost of Meeting/Conference: _____
(Include all previous payments made in connection with this event)

Source of Funds:

ORG Key |___|___|___|___|___|___|___|___|___|___|-|4311|

ORG Key |___|___|___|___|___|___|___|___|___|___|-|5600|

Names of Attendees and Titles (Attach additional page if needed.)

NAME	TITLE	NAME	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Expenditures (Attach appropriate invoices and receipts)

PO NUMBER	PAYEE/EMPLOYEE	DESCRIPTION OF EXPENDITURES	AMOUNT
_____	_____	_____	**$**_____
_____	_____	_____	**$**_____
_____	_____	_____	**$**_____

TOTAL AMOUNT OF THIS CLAIM$_____

Employee Signature: _____ Date: _____

Site Administrator Signature: _____ Date: _____

State Administrator's Certification
I hereby certify that these expenditures were incurred by employees of the District while in the course of performing authorized services for the District and that said expenditures are legal expenditures of District funds in accordance with all applicable laws and regulations of the State of California and comply with the policies and procedures established by the Board of Education and that said expenditures do not exceed the amounts budgeted and approved for this purpose.

State Administrator Signature: _____ Date: _____