



Tamalpais Union High School District
P.O. Box 605
Larkspur, California 94977

CERTIFICATION FORM

I, _____, hereby certify that no alcoholic
(Name of Employee)

beverages were purchased on the attached expense claim in the
amount of \$ _____ for which I seek reimbursement.
(Full Amount of Claim)

Any such beverages were purchased separately or deducted
and paid with personal funds.

(Employee Signature)

(Date)