

ST. HELENA UNIFIED SCHOOL DISTRICT

SHUSD#26

**465 Main Street
St. Helena, CA 94574
Phone: (707) 967-2708**

REQUEST FOR REIMBURSEMENT OF SUPPLIES/MATERIALS/FOOD

Requests for reimbursement must be submitted within thirty (30) days after the date the expenditure was incurred (date of invoice or receipt). Final deadline: June 30th of the school year purchased.

NAME: _____ SCHOOL/DEPT: _____
(Please type or print)

Please affirm the following before submitting a reimbursement request (Principal/Supervisor signature required):

- ☐ The item needed to be purchased/paid for immediately. Reason: _____
- ☐ Vendor does not take a Purchase Order.
- ☐ A site or district credit card could not be used. Reason: _____
- ☐ Original receipts are pasted/taped to an 8-1/2"x11" sheet of paper and stapled to this form.
- ☐ Proof of ownership is attached (required when a personal credit card is shown on the original receipt)
_____ copy of the card showing employee's name and last four digits of the card number, *or*
_____ copy of the credit card statement showing name/last four numbers (redact other personal information)
- ☐ Agenda is attached for food/meals provided (or webpage address to agenda is provided: _____)
- ☐ Purpose/topic (student activities, meetings): _____

Principal or Supervisor Signature: _____

Pre-approval by the Chief Business Official required if over \$200. CBO Signature: _____

NOTE: Any purchases over \$200 made without prior authorization may become the personal responsibility of the purchaser.

DATE	VENDOR NAME	ITEM(S) PURCHASED	PURPOSE	TOTAL PRICE

FUNDING SOURCE(S):

FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	SCHOOL	MGMT		AMOUNT

----- APPROVAL SIGNATURES -----

Employee (Claimant) Date

Site Principal/Supervisor Date

District Program Approval Date

Chief Business Official Date