

Tulare Joint Union High School District

REQUEST FOR REIMBURSEMENT

General Instructions

1. **Approval:** School Principal or Authorized Designee MUST Sign The Claim.
2. **Documentation:** Receipts MUST Be attached To The Claim For All Expenditures.
3. Claimant's Signature is REQUIRED.
4. Reimbursement CANNOT BE MADE For Personal Expenses.

PLEASE ATTACH RECEIPTS (signature on each receipt required)

Date: _____

Name: _____

Address: _____

City: _____ Social Security # (last 4 digits only): _____ XXX-XX-

Reason for Reimbursement: _____

Items: _____	Amount: \$ _____
_____	_____
_____	_____

Total: \$ _____

Funding Source: _____

I hereby certify that the above statement represents the actual and necessary expenses incurred in the course of performing a service for the district and that any meals were only for employees and students, and no alcohol was purchased.

Signed: _____ Position: _____

Principal/Director Approval: _____

Approved: _____
Authorized Signature Date

Office Use Only

Account: _____

Account: _____