

Vendor # _____

PACIFIC GROVE UNIFIED SCHOOL DISTRICT REQUEST FOR REIMBURSEMENT

Purchases using the reimbursement procedure are discouraged and are conducted at the employee's own risk. The district is not committed to reimburse an employee unless prior authorization has been obtained. (Board Regulation #3310)

Name: _____

Date: _____

Type of expense: _____

School/Dept. _____

(Specify: conference, travel, instructional supplies, admin. supplies, etc.)

Directions: Be specific. **NOTE THAT FIRST AND LAST DAY MEALS ARE REIMBURSABLE AT 75%.** If expense is for mileage specify from...to... in Location column and attach a mileage map printout from your site to event venue. Each trip should be listed separately. All expenditures must be accompanied by the ORIGINAL ITEMIZED RECEIPT.

Date Incurred	Location	Type of Expense	Purpose of Expense	Receipt Attached	Reimbursable Amount *

Signature of Person Claiming Expense Reimbursement

Total Reimbursement _____

Principal or Supervisor

Accounts to be charged:

Business Office Authorization

* Per Board Policy

NOTE: This form will not be honored unless it is signed by the principal or program administrator.

