

# SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

## CERTIFICATION OF REIMBURSEMENT CLAIM

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PERSON TO BE REIMBURSED: \_\_\_\_\_  
( P L E A S E P R I N T O R T Y P E N A M E )

SITE/ADDRESS: \_\_\_\_\_  
( L O C A T I O N T O S E N D R E I M B U R S E M E N T C H E C K )

SIGNATURE: \_\_\_\_\_ Date

ITEM(S) PURCHASED: \_\_\_\_\_  
 \_\_\_\_\_

BUDGET ACCOUNT: \_\_\_\_\_

### AUTHORIZED SIGNATURES

DEPARTMENT HEAD: \_\_\_\_\_ Date

SITE ADMINISTRATOR: \_\_\_\_\_ Date

SPEC. PROJECTS ADMINISTRATOR \_\_\_\_\_ Date

To submit receipts for reimbursement: Complete top half of form, including signature of department head, administrator, or program supervisor. **Attach original receipts to form.** *(Copies are not acceptable).* Submit District Business Office

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-District Business Office Use Only-

BUDGET ACCOUNT NUMBER: \_\_\_\_\_

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This is to certify that purchases were made for legal school district purposes only, and the person stated above is submitting the attached cash register tapes or receipts for reimbursement.

BUSINESS SERVICES APPROVAL: \_\_\_\_\_ Date

*Note: If Categorical Accountability is required - please complete the box to the right. If **not** required please check the **NOT REQUIRED** box.*

**CATEGORICAL ACCOUNTABILITY STAMP**

PLAN TITLE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_ GOAL \_\_\_\_\_

PAGE \_\_\_\_\_ SECTION \_\_\_\_\_

FUNDING SOURCE \_\_\_\_\_

**NOT REQUIRED**