

## IV. Forms and Functions

### **When you need to purchase something**

**Certificated staff** - A purchase requisition will need to be completed in Escape by your *Department Head*. See them to place your order.

*Remember that there are a lot of steps to purchasing items within an organization as large as ours, so 3-4 weeks would be a minimum time to receive your purchase.*

In the case where the normal requisition process is impossible there is also a procedure that allows you to make a purchase by your own means then submit for reimbursement. This option is for emergencies only and should not be used as a matter of convenience. The district is not obligated to reimburse for purchases seen as inappropriate or non-essential. In the case of using a reimbursement claim form:

- \* Keep the receipt of your purchase
- \* Complete the below form
- \* Submit the reimbursement claim form with the receipt to your DC

# SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

## CERTIFICATION OF REIMBURSEMENT CLAIM

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

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

PERSON TO BE REIMBURSED: \_\_\_\_\_  
**(PLEASE PRINT OR TYPE YOUR NAME)**

SITE/ADDRESS: \_\_\_\_\_

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

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

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

### 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 \_\_\_\_\_

**CATEGORICAL ACCOUNTABILITY NOT REQUIRED**