



Business Services

LOMPOC Unified School District

Accounting

Certification for Employee Reimbursement

										Amount		
										Date (mm/dd/yy)		
Budget Class	*If Resource is <u>Not</u> 0000, then <u>Must</u> have District Program Director's Signature										Employee Name (First MI Last)	
**Name Funding Resource(s):										School or Department		
Code											The following is my <u>claim</u> for reimbursement for actual and necessary expenses, these incurred while on school business, for which permission was granted by the Governing Board – Ed Code §13002	
	% or Amount	**Fund	*Resource	Year	Goal	Function	Object	School	Management	Unit		

**Itemization of Purchases**

#	Vendor	Description of Purchased Item(s)	Amount \$
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Reason for Reimbursement**

			<b>Total</b>	
1	Purchase orders are not accepted by vendor.	<input type="checkbox"/>	Other Detail	
2	Purchase does not meet minimum required for Purchase Order.	<input type="checkbox"/>		
3	Purchase was made at a vendor show or conference.	<input type="checkbox"/>		
4	<b>Other</b> (please summarize, then provide brief detail, in the box to the right):	<input type="checkbox"/>		

*I hereby certify that these purchases were made for legal district purposes only. Attached are the receipts that match the above itemization.*

Claimant (Employee)

Principal of School/Head of Department (**Approving**)

\*District Program Director (**Approving**)

Accounting Department Staff (**Budget Verification**)

Printed Name (First MI Last)

Date (mm/dd/yy)

Printed Name (First MI Last)

Date (mm/dd/yy)