Business Services	LOMPOC Unified School District	Amount	
Accounting	Certification for Employee Reimbursement	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 for reimbursement for actual and necessary expenses</u>, 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 | | | **Total** | |

			Other Detail	
1	Purchase orders are not accepted by vendor.	☐		
2	Purchase does not meet minimum required for Purchase Order.	☐		
3	Purchase was made at a vendor show or conference.	☐		
4	**Other** (please summarize, then provide brief detail, in the box to the right):	☐		

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

_____
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*)