REIMBURSEMENT FORM

Fill out form completely below. Please attach original receipts to the form and give to Mrs. Sarot for processing.

DATE: _____

NAME: _____

P.O. NUMBER: _____

DESCRIPTION OF PURCHASE

DATE OF PURCHASE	DESCRIPTION / ITEMS / STORE WHERE PURCHASED	AMOUNT
	TOTAL	

ASB rules require preapproval for all purchases. Keep in mind that purchases made without an actual purchase order in place prior to ordering becomes your personal financial obligation.

I certify these are valid ASB expenses.

Signature: _____

SCHOOL ACCOUNTING ASSISTANT USE ONLY

CHECK NUMBER: _____ AMOUNT: _____ DATE: _____

APPROVED ☐ NOT APPROVED ☐

CABRILLO HIGH SCHOOL ASB