## **BUUSD District Reimbursement Request Form**

| Staff Name (Print): Mailing Address: |         |                  | School/Building: |                                      |   |
|--------------------------------------|---------|------------------|------------------|--------------------------------------|---|
|                                      |         |                  | Invoice/         | Method of Payment Credit Card, CASH, | Total Cost  Do not include Sales  Tax, but Rooms & Meal |
| Date of                              |         |                  | Order #          | Check #, Other                       | Tax is reimbursable.                                    |
| Purchase                             | Vendor  | Item Description | 1                | T                                    | T   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  |                                      |   |
|                                      |         |                  |                  | Total                                |   |
| Staff Signature:                     |         | Date:            | Date:            |                                      | \$  |
|                                      |         |                  |                  | Reimbursement:                       | <u> </u>  |
| Admin App                            | oroval: | Date:            |                  |                                      |   |
| Acct Line:                           |         |                  | _ Or             |                                      |   |
| Grant:                               | Task:   | Acct Line:       |                  |                                      |   |

Please attach backup documentation to substantiate all payments being reimbursed, including proof of payment (copies of canceled checks, credit card slips, sales receipts, etc.) For Internet or purchases by phone, please attain an email receipt. It is recommended that staff keep a personal copy of any items being submitted. Try to avoid mixing personal & business purchases on the same receipt. Sales Tax cannot be reimbursed; however Rooms & Meals Tax does qualify for reimbursement. All receipts, including food and/or restaurant receipts, need to be itemized - showing a complete listing of all items purchased. If you have any questions regarding reimbursement, please ask the Business Office **before** making a purchase or traveling. Thanks!