



## Merced Union High School District

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### Superintendent

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### Deputy Superintendent

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## Out of Pocket Reimbursement Acknowledgement Form

### PRIOR TO TRAVEL OUT OF POCKET POLICY REVIEW (signed/submitted with initial Out of Pocket Req):

Requisition # \_\_\_\_\_ represents the estimated Out of Pocket reimbursement for the identified trip. I have read the district travel policies and procedures as outlined on the Travel & Conference Procedures page of the Business & Student Services section of the district website.

Name (Print):

Site/location:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### POST TRAVEL OUT OF POCKET AFFIRMATION (signed/submitted with Laserfiche request for reimbursement):

The information submitted with this form for a total of \$ \_\_\_\_\_ accurately reflects the Out of Pocket expenses for the identified trip that are allowable as outlined on the Travel & Conference Procedures page of the Business & Student Services section of the district website.

Name (Print):

Site/location:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For District Use Only:**

List any adjustments/corrections made to submitted amount and reason-

Actual amount being reimbursed (if different than submitted) \$ \_\_\_\_\_