

MATERIAL EXPENSE
REIMBURSEMENT

Shoreline School District No. 412

YEAR: _____

ASB FUND

*“Public money in the student’s interest for
Cultural, Athletic Recreational and Social uses.”*

Claimant’s Name: (please print) _____

School: _____ Request # _____

Account Budget Number: _____

Date Purchased:	Paid To: <small>(List Firm Name)</small>	Brief Description <small>(Itemize type of materials purchased)</small>	Total:
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount of Reimbursement:			_____

Reason for purchase: _____

The Shoreline School District will reimburse staff for OCCASIONAL, MINOR “out of pocket” expenses incurred in the performance of their work assignment when the following guidelines/requirements are followed as per District policies and State RCW’s & WAC’s:

Amount: **“OUT OF POCKET” REIMBURSEMENT FOR EXPENSES SHALL NOT EXCEED \$200.00** unless approved by Supervisor in advance, for each purchase per day. Purchases from the same vendor on the same day will be considered as the same transaction.

- Receipts:** An **ORIGINAL** itemized receipt for each purchase must be attached to the claim for reimbursement.
- Receipts must itemize purchases. Please purchase personal items on a separate receipt.
 - Show proof of payment (if receipt is not issued, a canceled check copy or bank statement s required).
 - Shipped orders **MUST** be shipped to a District site.
 - For a purchase made online, a copy of the online receipt, copy of the packing slip and proof of payment must be included for reimbursement.
 - RECEIPTS OLDER THAN 60 DAYS WILL NOT BE HONORED.

SHIPPED ORDERS MUST BE SHIPPED TO A DISTRICT SITE OR WILL BE DENIED.

Authorization: Original signatures of the ASB Coordinator and ASB Student Officer (Grades 7-12 only).

Payment: Submit the request for reimbursement to the Purchasing Office. Direct deposit payment for claims typically takes 4-6 weeks for processing. Requests with missing information, missing signatures, or inappropriate purchases will be returned for correction

Exceptions: For possible exceptions to these requirements, please contact the Purchasing Dept. at ext. 4208 for assistance.

SIGNATURES BELOW CERTIFY PURCHASES LISTED ARE APPROVED AND GOODS HAVE BEEN RECEIVED:

ASB Coordinator Signature (original, not stamped): 	
Print Last Name:	Date:

ASB Student Officer Signature (original, not stamped): (Required for 7-12 grades only)	
Print Last Name:	Date:

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses that I have incurred, and that no payment has been received by me on account thereof.

Claimant’s Signature: _____ Date: _____

Position: _____

Please forward to the PURCHASING DEPARTMENT along with original signatures and original receipts.

Business Office Use Only

Authorized for Payment: _____