

MATERIAL

Shoreline School District No. 412

YEAR: _____

EXPENSE

REIMBURSEMENT

GENERAL FUND

Claimant's Name: (please print) _____

School: _____ Request # _____

Account Budget Number: _____

Date Purchased:	Paid To: (List Firm Name)	Brief Description (Itemize type of materials purchased)	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, showing:

- Itemize purchases. Please purchase personal items on a separate receipt.
- Proof of payment (copy of front & back canceled check or bank/card statement is required if not on receipt).
- 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.

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

RECEIPTS MUST BE RECEIVED IN THE PURCHASING DEPT. WITHIN 60 DAYS OF RECEIPT DATE.

Types of Purchases: Materials: Used for vendors who do not accept purchase orders, emergency orders or occasional, minor "out of pocket" expenses. Personnel payments, contractual services and travel are not reimbursable on this form.

- All travel related expenses (conference fee, transportation, meals, etc.) must be submitted on the "Travel Expense Voucher".

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 call the Purchasing Department at ext. 4208 for assistance.

Administrator/Delegate Signature (original, not stamped): _____ Date: _____

SIGNATURE ABOVE CERTIFIES PURCHASES LISTED ARE APPROVED AND GOODS HAVE BEEN RECEIVED

Approver (Print Name): _____ Title: _____

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: _____