



Coast Unified School District REIMBURSEMENT GUIDELINES

***These reimbursement guidelines are to assist District employees in obtaining goods of low monetary value where the Purchase Order process would not be practical or the vendor to be used does not accept purchase orders. This process cannot be used for IT purchases.**

1. Complete Section A of the *Pre-Approval and Reimbursement Claim Form* found on coastusd.org under Forms and obtain appropriate approval from your Supervisor / Director. If the items to be purchased are under \$250, no CBO pre-approval is needed. If the items to be purchased are over \$250, forward the claim from to the Business Office for final approval.
2. Once you have the final approval(s), you may make your purchase. Obtain an original, **itemized** receipt. If the items require shipping, items are to be shipped directly to the School Site or District Office with a specific name to facilitate delivery. Items purchased on behalf of CUSD **MAY NOT** be shipped to your home.
3. After purchase, complete Section B of the *Pre-Approval and Reimbursement Claim Form*, attach **itemized** receipts and packing slips if items were shipped, and send to the District Office for review and approval. Once the Business Office approves your request, you should receive your reimbursement within approximately 10 business days.

****Please make sure the Pre-Approval and Reimbursement Claim Form is filled out accurately and in its entirety before sending for approval. Incomplete forms will be sent back to the Requestor.***



PRE-APPROVAL REIMBURSEMENT CLAIM FORM

INSTRUCTIONS: When claiming reimbursement for personal expenditures made on behalf of the District, itemized receipts and packing slips, where needed, must be attached. If shipping is required, items must be shipped directly to the warehouse or a school site. This procedure cannot be used for IT or Categorical Funds purchases.

A. Complete prior to purchase

Date: _____

Name: _____ Site: _____

Amount requested: _____ Items to be purchased: _____

Justification: _____

Budget code:

<i>Fund</i>	<i>Resource</i>	<i>Yr</i>	<i>Object</i>	<i>Goal</i>	<i>Function</i>	<i>Site</i>	<i>Disc</i>	<i>Disc2</i>

Amount approved: _____ by: _____ Date: _____
 (Supervisor/Director)

If over \$250 - Approved by: _____ Date: _____
 (CBO)

B. Complete after purchase

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

Claimant Signature: _____ Date: _____

Supervisor/Director Acceptance of Claim: _____ Date: _____

Approved and Ordered Paid by CBO: _____ Date: _____