



# TEMPLE CITY UNIFIED SCHOOL DISTRICT

## EXPENSE REIMBURSEMENT FORM

**Complete all sections in BLUE**

Employee Name:

Position/Title:

Site/Department:

Pre-Approval Initial:   
Director of State and Federal Funds

Federal Fund/SPSA Goal:   
Title I, Title II, Title III, Title IV

Attach the **ORIGINAL, SIGNED AND DATED** detailed receipt(s). Copies are **not** acceptable. Refer to the Temple City Unified School District Employee Reimbursement Guidelines for full guidelines and instructions. All reimbursements must go through the SmarteTools process.

Date	Detailed Description	Amount
Total amount to be reimbursed		

Account(s) to be charged:

Fund	Resource	Goal	Function	Object	Location	Amount

Employee Signature:  Date:

Site Administrator Approval:  Date:

State & Fed. Programs Approval:  Date:

Ed Services Administrator Approval:  Date:

By signing above, I hereby certify that all items purchased adhere to the Temple City Unified School District Employee Reimbursement Guidelines and that there is sufficient budget available for the reimbursement.

Asst. Superintendent Approval:  Date:

Fiscal Services Approval:  Date:

CBO Approval:  Date: