# San Benito County Office of Education

**Krystal Lomanto, County Superintendent of Schools**

460 Fifth Street | Hollister, California 95023 | (831) 637-5393 | FAX (831) 637-0140


# Expense Reimbursement Claim Form

Name: _____ Date: _____

Address: _____

_____

| DATE | EXPENSES (Please Itemize) | PO # | AMOUNT |
|---|---|---|---|
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| | | | |
| **TOTAL AMOUNT OF EXPENSES SUBMITTED FOR REIMBURSEMENT** | | | **$** |

| BUDGET ACCOUNT STRING | AMOUNT |
|---|---|
| | |
| | |
| | |
| | |

**Please be sure to attach original receipts to the attached claim for reimbursement of expenses.**

_____ _____ _____ _____

**Employee's Signature** **Date** **Supervisor's Signature** **Date**