

IV. Forms and Functions

When you need to purchase something

Certificated staff - A purchase requisition will need to be completed in Escape by your *Department Head*. See them to place your order.

Remember that there are a lot of steps to purchasing items within an organization as large as ours, so 3-4 weeks would be a minimum time to receive your purchase.

In the case where the normal requisition process is impossible there is also a procedure that allows you to make a purchase by your own means then submit for reimbursement. This option is for emergencies only and should not be used as a matter of convenience. The district is not obligated to reimburse for purchases seen as inappropriate or non-essential. In the case of using a reimbursement claim form:

- ✱ Keep the receipt of your purchase
- ✱ Complete the below form
- ✱ Submit the reimbursement claim form with the receipt to your DC

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

CERTIFICATION OF REIMBURSEMENT CLAIM

DATE: _____

AMOUNT: _____

PERSON TO BE REIMBURSED: _____
(PLEASE PRINT OR TYPE YOUR NAME)

SITE/ADDRESS: _____

SIGNATURE: _____
Date

ITEM(S) PURCHASED: _____

ACCOUNT NUMBER: _____

AUTHORIZED SIGNATURES

DEPARTMENT HEAD: _____
Date

SITE ADMINISTRATOR: _____
Date

SPEC. PROJECTS ADMINISTRATOR _____
Date

To submit receipts for reimbursement: Complete top half of form, including signature of department head, administrator, or program supervisor. **Attach original receipts to form.** (Copies are not acceptable). Submit District Business Office

-District Business Office Use Only-

BUDGET ACCOUNT NUMBER: _____

This is to certify that purchases were made for legal school district purposes only, and the person stated above is submitting the attached cash register tapes or receipts for reimbursement.

BUSINESS SERVICES APPROVAL: _____
Date

Note: If Categorical Accountability is required – please complete the box to the right. If not required please check the **NOT REQUIRED** box.

CATEGORICAL ACCOUNTABILITY STAMP

PLAN TITLE _____

APPROVAL DATE _____ GOAL _____

PAGE _____ SECTION _____

FUNDING SOURCE _____

☐ CATEGORICAL ACCOUNTABILITY NOT REQUIRED