OUT-OF-POCKET REIMBURSEMENT REQUEST

Updated: August 2024

1. **A reimbursement request is to reimburse personal expenses for routine supply items purchased for school or District use.**

2. **Amazon purchases must be made using a District account.**

3. **The Reimbursement Claim Form is for routine supplies and may not be used for equipment asset purchase, or any other purchase that should be processed through the Business Office.**

4. **Items that require an inventory asset tag will not be reimbursed. Contact your site administrator for processing.**

5. **Any requests for reimbursement for a purchase of gifts or gift cards will not be approved.**

6. **Payment made by personal gift cards, reward points, credits, or coupons are not eligible for reimbursement.**

7. **The employees requesting reimbursement should use their own credit/store card for payment.**

8. **Original receipts are required and receipts must be dated within the current fiscal year.**

9. **Packing slips are to show receipt of merchandise. If items have been charged and no receipt is available, send packing slips along with a charge slip or statement. Copies of order forms will not suffice as proof of purchase.**

10. **All reimbursements should be submitted for payment within 60 days after the purchase is made. June expenses must be submitted for reimbursement for processing by July 10th**

SARATOGA UNION SCHOOL DISTRICT
REIMBURSEMENT CLAIM FORM

Name: _____ Date _____

Address _____ Send Check to School _____

City, Zip _____ Send Check to address at left _____

Date	Vendor Name	Expense Description	Amount

Please attach original receipts for all expenses.

Total Claim Amount $ 0.00

CHARGE TO:

Account Name	Account Number	Amount

I hereby certify that the expenses herein listed are itemized, as required by law, and that they are true and correct.

_____
Claimant Signature Date

_____
Supervisor/Principal Approval

SUSD Rev 8/7/2024