Claimant’s Name: (please print) __________________________

School: __________________________ Request # __________

Account Budget Number: __________________________

Date Purchased: __________  Paid To: __________  Brief Description: __________  Total: __________

(List Firm Name)  (Itemize type of materials purchased)

__________________________________  __________________________

Total Amount of Reimbursement: __________

Reason for purchase: ______________________________________

The Shoreline School District will reimburse staff for OCCASIONAL, MINOR “out of pocket” expenses incurred in the performance of their work assignment when the following guidelines/requirements are followed as per District policies and State RCW’s & WAC’s:

Amount: “OUT OF POCKET” REIMBURSEMENT FOR EXPENSES SHALL NOT EXCEED $200.00 unless approved by Supervisor in advance, for each purchase per day. Purchases from the same vendor on the same day will be considered as the same transaction.

Receipts: An ORIGINAL itemized receipt for each purchase must be attached to the claim for reimbursement.

• Receipts must itemize purchases. Please purchase personal items on a separate receipt.
• Show proof of payment (if receipt is not issued, a canceled check copy or bank statement is required).
• Shipped orders MUST be shipped to a District site.
• For a purchase made online, a copy of the online receipt, copy of the packing slip and proof of payment must be included for reimbursement.
• RECEIPTS OLDER THAN 60 DAYS WILL NOT BE HONORED.

SHIPPED ORDERS MUST BE SHIPPED TO A DISTRICT SITE OR WILL BE DENIED.

Authorization: Original signatures of the ASB Coordinator and ASB Student Officer (Grades 7-12 only).

Payment: Submit the request for reimbursement to the Purchasing Office. These claims will be processed through the computerized accounts payable system. Requests with missing information, missing signatures, or inappropriate purchases will be returned for correction.

Exceptions: For possible exceptions to these requirements, please contact the Purchasing Dept. at ext. 4208 for assistance.

SIGNATURES BELOW CERTIFY PURCHASES LISTED ARE APPROVED AND GOODS HAVE BEEN RECEIVED:

ASB Coordinator Signature (original, not stamped):

Print Last Name: __________________________ Date: __________

ASB Student Officer Signature (original, not stamped): (Required for 7-12 grades only)

Print Last Name: __________________________ Date: __________

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses that I have incurred, and that no payment has been received by me on account thereof.

Claimant’s Signature: __________________________ Date: __________

Position: __________________________

Please forward to the PURCHASING DEPARTMENT along with original signatures and original receipts.