Claimant's Name: (please print)

School: ___________________________ Request # ____________

Account Budget Number: __________________________

Date Purchased: ___________________________ Paid To: ___________________________
(List Firm Name) ___________________________

Brief Description: ___________________________ Total: ___________________________
(Itemize type of materials purchased) ___________________________

Total: ___________________________

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, showing:

• Itemize purchases. Please purchase personal items on a separate receipt.
• Proof of payment (copy of front & back canceled check or bank/card statement is required if not on receipt).
• 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.

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

RECEIPTS MUST BE RECEIVED IN THE PURCHASING DEPT. WITHIN 60 DAYS OF RECEIPT DATE.

Types of Purchases: Materials: Used for vendors who do not accept purchase orders, emergency orders or occasional, minor “out of pocket” expenses. Personnel payments, contractual services and travel are not reimbursable on this form.

• All travel related expenses (conference fee, transportation, meals, etc.) must be submitted on the “Travel Expense Voucher”.

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 call the Purchasing Department at ext. 4208 for assistance.

Administrator/Delegate Signature (original, not stamped): __________________________________________ Date: ____________
SIGNATURE ABOVE CERTIFIES PURCHASES LISTED ARE APPROVED AND GOODS HAVE BEEN RECEIVED

Approver (Print Name): ___________________________ Title: ___________________________

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.

Business Office Use Only

Authorized for Payment: ___________________________ Revised 9/2019