

OBJ

FD

RESOURCE

GOAL

FUNC

LOC

MGMT

OP

AMOUNT

Ojai Unified School District

REIMBURSEMENT CLAIM FORM - MAXIMUM AMOUNT = \$50.00

Reimbursements are strongly discouraged and should be used only as an emergency and for purchases that CANNOT be made through the District's Purchase Order Process.

Employee to be reimbursed:		Site/School:		Date:		
** If reimbursement exceeds \$50, plo	ease attach agreeme				pervisor. **	
Total Amount:	MA			(IMUM = \$50		
LCAP Action - (If Applicable):						
23/ г. / кален (к. / фр. 100.00).					Rev. 11/2021	
COMPLETE SECTION ORIGINAL ITEMIZED					-N <i>T</i>	
DATE ON			TO CHARGE:		-1N I	
RECEIPT: JUSTIFICATION FOR PURCHAS	DEGGRII HON OF	TIEM. BODGET	TO CHARGE.	COST:		
CERTIFICATION: I hereby certify under penalty of perju	ry that TOTAL EXP	 ENSE REIMBUR	SEMENT:	\$		
this is a true and correct claim for necessary expenses ir by me and that no payment has been received by me on	ncurred			<u>*</u>		
Employee/Payee's Signature:			Date			
Administrator's Approval				Date		
ACD Advisor Circotyres (required for A	CD Durch co.co			Data		
ASB Advisor Signature: (required for AS	DD Pulchases)			Date		
ASB Student Signature: (required for ASB Purchases)				Date		
		BUDGET CODE(S)				