



Statement of Claim (Expense Reimbursement)

Name: _____
 School/Dept/Activity: _____
 Address (full): _____
 Phone: _____

		Account/Category Number
Registration Fee	\$ _____	_____
Subscriptions	\$ _____	_____
Supplies	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
Services	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
Other	\$ _____	_____
	\$ _____	_____
Total Amount of Claim	\$ _____	

*The District will not reimburse any sales tax.
 Any sales tax included will be deducted from your reimbursement request.

Claimant Signature _____ **Date** _____

Approved By _____ **Date** _____
(Advisor or Bookkeeper)

Approved By _____ **Date** _____
(Administrator)

*Two Signatures are required for reimbursement approval.

The Statement of Claim (Reimbursement Request) should only be used when the timeliness of the Purchase Order process creates a problem, and a District P-card is unavailable. The Purchase Order Process (BSO or SAF) or use of a District issued P-card are the preferred methods of making purchases. It is prudent to obtain verbal approval before making "out of pocket" purchases. Reimbursement Claims could be denied if prior approval was not obtained. ORIGINAL receipts must be included for all reimbursement requests. Do not include requests for mileage or travel reimbursement on this form. Forms for those specific types of reimbursements can be found on the District website.