

## **Guidelines for Employee Purchase Reimbursements**

**All claims for reimbursement must be submitted to the district Accounting Dept. no later than thirty (30) calendar days following the receipt date.**

**Claims submitted after thirty (30) calendar days may not be eligible for reimbursement.**

The following must be met before your claim form can be processed for reimbursement.

### **Incomplete forms will delay your reimbursement.**

- **Print or type** (Do not use pencil.)
- Enter your full name and complete home address. (Where you receive personal mail).

### **All Reimbursements Are Mailed**

- Attach (staple securely) all **ORIGINAL ITEMIZED** receipts to the back of claim form.
- Employee signs & dates reimbursement form.
- Administrator signs & dates reimbursement form.
- Administrators submitting their own personal claim must sign as "employee" only and have his/her supervisor sign as administrator.
- ASB Purchases must have signature of ASB advisor and student signature.
- A complete district account code to be charged for this reimbursement must be noted.

### **Receipt Policy**

- **ORIGINAL ITEMIZED** documentation/ receipts from vendor must be attached. Copies are not acceptable. Please do not use highlighter pens to mark receipts.
- Receipts should show only the charges to be reimbursed by the District.

### **Do not mix personal purchases with school purchases on the same receipt.**

- Bankcard receipts are acceptable if they are itemized, otherwise they are used as proof of purchase only.
- For Items shipped to your home, packing slip must be included with your claim.

### **Allow three weeks for processing your payment**



# Purchase Expense Voucher

**Guidelines:**  
On 1st Page

**Do NOT use this form for Travel Expenses.**  
*This form is for purchases that cannot be made through a Purchase Order. Please attach ORIGINAL itemized receipts that show full payment for all items. Include packing slip on shipped items.*

**Reason for purchase:**

- Vendor does not accept PO's
- Other/Explain: \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**School/Location:** \_\_\_\_\_

Date of Purchase	Vendor	Items Purchased and Reason for Purchase	Amount	Budget Code to Charge
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

**Total Reimbursement:** \$ \_\_\_\_\_

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

**All claims for reimbursement must be submitted to the Accounting Dept. no later than thirty (30) calendar days following the receipt date.**

Employee/Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Advisor Signature (Required for ASB Purchases): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (Required for ASB Purchases): \_\_\_\_\_ Date: \_\_\_\_\_