

REIMBURSEMENT CLAIM FORM
 SCOTT VALLEY UNIFIED SCHOOL DISTRICT
MUST BE PRE-APPROVED WITH PURCHASE ORDER

EMPLOYEE _____

SITE _____

PROGRAM _____

DATE	EXPENDITURE DESCRIPTION	FD	RESC	Y	OBJT	GOAL	FUNC	SCH	LOCAL	AMOUNT
TOTAL REIMBURSEMENT										

I HEREBY CERTIFY, THAT THE ABOVE IS A TRUE RECORD OF THE EXPENSES OR DAILY MILEAGE (BY AUTOMOBILE), COVERED BY ME IN THE SERVICE OF SCOTT VALLEY UNIFIED SCHOOL DISTRICT.

 EMPLOYEE SIGNATURE DATE (AD APPROVAL IF REQUIRED)

 PRE-APPROVED FOR PAYMENT BY PURCHASE ORDER #

PROOF OF ATTENDANCE AT MEETING OR CONFERENCE IS NOW REQUIRED FOR REIMBURSTMENT OF EXPENSES. EXAMPLE: REG. FORM, NAME TAG, AGENDA, RECEIPT, ETC.

As of January 1, 2010 mileage is to be calculated at 50 cents per mile based on the State of California calculations.
 Meals are reimbursed on a per diem basis - no receipts required: BREAKFAST **\$8.00** - LUNCH **\$11.00** - DINNER **\$16.00**.
 Attach all appropriate **ORIGINAL** receipts for other expenses. **PLEASE attach small receipts to 8.5x11 paper for processing.**