



## SANTEE SCHOOL DISTRICT REIMBURSEMENT REQUISITION

LOCATION CHECK WILL BE SENT

**CLAIMANT:** \_\_\_\_\_ **EXT:** \_\_\_\_\_ **WORK LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(PRINCIPAL OR DEPARTMENT MANAGER)

	FUND	RESOURCE	GOAL	FUNCTION	OBJECT	SITE	AMOUNT
Chart String							
Chart String							

VENDOR/STORE	ITEMIZATION OF PURCHASE	TOTAL
<b>NET AMOUNT OF CLAIM:</b>		

**CLAIMANT PLEASE CHECK EACH BOX PRIOR TO SUBMISSION TO SITE SECRETARY (INCOMPLETE CLAIMS MAY BE RETURNED)**

ORIGINAL \*NO COPIES\*, ITEMIZED RECEIPTS ATTACHED

RECEIPTS SHOW PROOF OF PAYMENT (ex: VISA, MC, PAYPAL, CASH)

RECEIPTS CONTAIN ITEMS PURCHASED FOR SITE ONLY \*NOTHING MIXED OR PERSONAL ALL RECEIPTS FOR PURCHASES OCCURRING NO MORE THAN 6 MONTHS OLD

MAKE A COPY OF SUBMISSION FOR YOUR RECORDS

**CLAIMANT SIGNATURE OF ACKNOWLEDGEMENT:** \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS PERTAINING TO REIMBURSEMENT REQUISITIONS,  
PLEASE CONTACT TESSA MUNDT AT EXT 2315 OR TESSA.MUNDT@SANTEESD.NET