

Sonoma County Office of Education

Employee Request for Reimbursement

Name _____ Date _____

Mail Check: Yes: _____ or No: _____

Receipt #	Date	Vendor	Description/Purpose	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

Total Reimbursement

****Original receipts are required.**

Please write "receipt #" on each receipt (corresponds to left-hand column). Tape receipts to a separate piece of paper in the same order in which they are listed. If submitting part of a receipt, circle those items you are claiming and write the total on the receipt. Calculate sales tax (if any) and write on receipt. Total items you are claiming, plus sales tax, and circle on receipt.

Budget Codes	Amount

I certify that the expenditures listed have been made for materials and/or services that have been approved by my Supervisor for SCOE purposes. All purchased items are considered property of SCOE.

Claimant Signature _____

Date _____

Department Approval _____

Date _____