

# EMPLOYEE REIMBURSEMENT REQUEST FORM

## Orinda Union School District

Along with this *Payment Request*, provide **ITEMIZED ORIGINAL RECEIPTS** and **PROOF** of delivery or receipt of order. The receipt must show the date of purchase. Describe the expense, total the amount. Submit the signed form to the school secretary for site/department approval and completion of the account budget for reimbursement.

**Note:** Reimbursement checks will be sent to the school of employment.

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_

School Site:  DR  GL  SH  WR  OIS  DO  M/O Purchase Order #: \_\_\_\_\_

**PRE-APPROVAL:** \_\_\_\_\_  
SITE/DEPARTMENT APPROVAL DATE

EXPENSE DESCRIPTION	Estimated Amount	Actual AMOUNT
<b>TOTAL ESTIMATED:</b>		<b>TOTAL CLAIMED:</b>
\$		\$

ACCOUNT CODES								Amount
Fund	Resource	Goal	Function	School	Yr.	DUO	Object	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

EMPLOYEE SIGNATURE:	DATE:

SITE/DEPARTMENT APPROVAL:	DATE:

COMPLIANCE/2 <sup>nd</sup> Level APPROVAL:	DATE:

BUSINESS OFFICE APPROVAL:	DATE: