



**Sutter Union High School District  
REIMBURSEMENT REQUEST FORM**

Full Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_

Program/Event/Sport/Etc (include mailing address if not a current employee or coach)

MILEAGE REIMBURSEMENT				
Date	From	To	Purpose	Total Miles
			Total Mileage:	
			Rate Per Miles:	
			Total Mileage Reimbursement:	\$

*\*Mileage is paid based on the shortest route from the school site to the location round trip*

EXPENSE REIMBURSEMENT			
Date	Vendor	Description	Amount
			Total Receipts to be Reimbursed: \$

**Total Mileage + Expenses Reimbursement Requested: \$**

*Please attach original receipts, mileage claims must include a Google Maps printout or similar proof of trip distance. All reimbursement requests must be submitted within 30 days of the purchase/travel date. Requests submitted after this period may not be approved.*

By signature below, Requestor certifies that the above is a true statement of the expenses incurred in accordance with current state and local laws and regulations.

Requestor’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY										
ACCOUNT CODE										
FD	RS	Y	OBJ	SO	GL	FN	SCH	BRS	DD1	DD2