



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