Athletics Account

Sutter Union High School District
ATHLETICS REIMBURSEMENT REQUEST FORM

Full Name | Contact Number | Date

Mailing Address

ITEMIZED EXPENSES FOR REIMBURSEMENT			
Date	Vendor	Description	Amount
		Reimbursement Requested:	**$**

Please attach <u>itemized</u> receipts and forward to the ASB Office for processing.

State law requires that all expenses be preapproved. By signing below, I acknowledge reimbursements are not subject to guarantee of payment. I hereby certify that the amounts claimed for meals and other expenses are actual; that they were expended in the performance of official school business and that no prior claim has been made.

Claimant Signature | Date | Head Coach Signature | Date

Admin Signature | Date