

COLUMBIA UNION SCHOOL DISTRICT

22540 Parrotts Ferry Rd.
Columbia, CA 95310
(209) 533-7700

REIMBURSEMENT CLAIM FORM

Pre-approval is required to present a reimbursement claim.

Payee: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Estimated Expense: _____

Vendor: _____

Pre-Approval Signature: _____ **Date:** _____

ITEM DESCRIPTION	REASON	EXPENSE
TOTAL REIMBURSEMENT REQUESTED		

Itemized receipts are REQUIRED for ALL reimbursable costs.

Signature of Claimant Date Signature of Approver Date

Account Code: _____

(completed by Business Office)