

**CULVER CITY UNIFIED SCHOOL DISTRICT
EMPLOYEE REIMBURSEMENT FORM**

Please Print Employee Name: _____

Date	Description	Amount

TOTAL =====

Budget Number

Employee Signature

Date

Requirements:

1. All reimbursements require site/department Administrator's **prior** approval.
 2. All reimbursements over \$100.00 need the Assistant Superintendent of Business Services authorization in **advance**.
 3. All receipts **MUST** be itemized and attached for reimbursement.
 4. *No reimbursement request will be honored without **prior** approvals as required.*
- PLEASE NOTE: ABSOLUTELY NO CHEMICALS MAY BE PURCHASED**

Site/Department Administrator

Date

Assistant Superintendent of Business Services