

Dixon Unified School District

180 SOUTH FIRST STREET #6
DIXON, CALIFORNIA
95620
(707) 678-5582
FAX (707) 678-0726

REQUEST FOR OUT-OF-POCKET REIMBURSEMENT
(DUSD employees only)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Primary Site \_\_\_\_\_

Store/Location of Purchase: \_\_\_\_\_

Item(s) Purchased: \_\_\_\_\_

Reason for Purchase: \_\_\_\_\_

Total Amount Claimed: \$ \_\_\_\_\_

I certify the above out-of-pocket expenses were personally made by me and that original itemized receipts or detailed invoices showing "paid in full" are attached.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor # \_\_\_\_\_ P.O. # \_\_\_\_\_

Budget Code \_\_\_\_\_ Amount \_\_\_\_\_

Budget Code \_\_\_\_\_ Amount \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Total: \_\_\_\_\_