

Tuolumne County Superintendent of Schools Office

175 S. Fairview Lane
Sonora, CA 95370-4859

Phone: 209.536.2040
FAX: 209.536.2002

PREREQUISITE FOR REQUEST OF REIMBURSEMENT

THIS FORM MUST BE APPROVED BEFORE YOU PURCHASE AND ONLY WHEN URGENT!
Complete one form for each vendor.

Date Needed: _____

Requested by: _____

School Site/Department: _____

REQUEST INFORMATION:

Vendor name: _____

Description of item (s) or services: _____

Total Estimated Cost _____

Requestor's signature: _____ Date: _____

Department Approval: _____ Date: _____

Bus. Services/ LEA Coordinator Signature: _____

Account: _____

PLEASE RETURN COMPLETED FORM TO ADMINISTRATIVE ASSISTANT OF PROGRAM

REMINDER: ALL **ORIGINAL** RECEIPTS ARE TO BE ATTACHED TO THE FINAL "REQUEST FOR REIMBURSEMENT" FORM
ALONG WITH THIS FORM.