West Contra Costa Unified School District
Expense Reimbursement for Supplies Claim Form #EC3

Instructions:

1. This claim is to be submitted in order to obtain reimbursement for job related supply expenses.
2. Several expenses may be incurred and itemized on the form before it is submitted.
3. Attach all itemized receipts. Non-Itemized receipts will not be accepted.

Name		School or Department	Date
Mailing Address	City	Zip	Phone

Date Of Purchase	Item Purchased (Itemized)	Reason For Purchase	Account Code	Purchase Amount (Attach itemized receipts)
			Total Reimbursement	0.00

I hereby certify that the above is a true and accurate report of approved school district business expense(s) incurred by me.

Employee Signature Date

Supervisor Signature Date

Administrator of Funds Signature Date

Reimbursement of Job Related Material or Supply Expenses:

1. Must be pre-approved
2. A single item cannot cost over $500
3. Reimbursement form must be turned in within 30 days of purchase
   a. All original itemized receipts, charge receipts, packing slips, agenda and sign-in sheet (if applicable) must be attached.
   b. Reimbursement form must have a valid budget code and all necessary signature approvals.

A single item $500 or greater cannot be purchased without a purchase order. It will not be reimbursed by the district. No exceptions will be made.

EXPENSE FORMS MUST BE TURNED IN MONTHLY

BP and Admin. Regulation 3350 and Education Code 44016, 44032, and 44033