

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
REQUEST FOR REIMBURSEMENT
(\$100 or Less)**

Reimbursement requests must:

1. Be for expenditures made for items to be used in the Santa Monica-Malibu Unified School District.
2. **NOT EXCEED \$100.** (if the expenditure exceeds \$100, it must be reimbursed through the purchase requisition procedure, thereby receiving Board approval before it is paid.)

PAYABLE TO : _____

DATE: _____

VENDOR # _____

SCHOOL /DEPARTMENT: _____

DATE	DESCRIPTION	ACCOUNT NUMBER	AMOUNT
TOTAL:			\$ -

I hereby certify that the above expenditures were made for use in the Santa Monica-Malibu Unified School District in compliance with District policies.

SIGNATURE: _____
Employee requesting Reimbursement

DATE

APPROVED BY: _____
Principal/Department Head (Original Signature)

DATE