

COTTONWOOD UNION SCHOOL DISTRICT
20512 West First Street
Cottonwood, CA 96022

APPENDIX "A"

REIMBURSEMENT REQUEST FORM

Name _____

Circle School: North Cottonwood
West Cottonwood

Date Submitted _____

| <u>Vendor Name</u> | <u>Item Description Purpose/Use</u> | <u>Cost</u> |
|--------------------|---|-------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

Signature _____

TOTAL _____

If this form and proper receipts are submitted to the District Office by February 1st of each year, the unit member may be reimbursed up to \$350 in one school year.

Note: ONLY Original receipts must accompany this form to the District Office for reimbursement. Copies are no longer needed. Supplies for the current year MUST be purchased between 7/1/2017 and 6/8/2018. All reimbursements must be processed with the SAME school year as purchased. Requests must be turned in to the District Office by your last working day of the year in order to be reimbursed.