

2016/17

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

APPENDIX "A"

REIMBURSEMENT REQUEST FORM

Name \_\_\_\_\_

North Cottonwood  
West Cottonwood

Date Submitted \_\_\_\_\_

Vendor Name

Item Description  
Purpose/Use

Cost

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Signature \_\_\_\_\_

TOTAL \_\_\_\_\_

If this form and proper receipts are submitted to the District Office by February 1<sup>st</sup> 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 7/1/2016 and 6/7/2017. All reimbursements must be processed within 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.