



STOCKTON UNIFIED SCHOOL DISTRICT EMPLOYEE REIMBURSEMENT REQUEST FORM

PAY TO THE ORDER OF

Name

Address

City/State/Zip

DESCRIPTION	ACCOUNT CODE	OBJECT	AMOUNT
Total Reimbursement			

*****Attach itemized original receipt. For meeting expenses, attached itemized receipt, copy of sign-in sheet and meeting agenda.**

Prepared by

Date

Administrator/Authorized Signature

Date

General Ledger/State & Federal Budget Approval

Date

SEND TO **ACCOUNTS PAYABLE** WHEN ALL SIGNATURES ARE OBTAINED.