



Requisition #: _____ Funding Source: _____

MOUNTAIN VIEW SCHOOL DISTRICT

MEMORANDUM

TO: Mountain View School District

FROM: _____
Print Name

SUBJECT: Out of Pocket Reimbursement

Please reimburse me for personal out of pocket expenses*. These expenses are actual and necessary expenses incurred and paid for by myself while conducting my duties on behalf of the district. These expenses are not for personal gain.

For Conference Expenses, please use the Conference Reimbursement Form.

DATE	TO WHOM PAID*	PURPOSE	COST

*Original receipt(s) must be attached. Also write the Requisition # and funding source at the top. Credit card charge slips and copies of receipts are not acceptable; please provide itemized receipts from stores and restaurants or reimbursement may be disallowed. Please pay for personal items on a separate transaction from items to be reimbursed by the district.

TOTAL AMOUNT DUE \$ _____

Supervisor Signature

Employee Signature

Date

Date