

SONOMA VALLEY UNIFIED SCHOOL DISTRICT

PRE-PURCHASE APPROVAL REQUEST for REIMBURSEMENT

Name: _____

Site: _____

Items to be purchased: _____

Estimated amount of purchase: _____

Reason for purchase: _____

Account code number: _____

Approved: _____

Supervisor

Date

Approved: _____

Program Manager

Date

Final Approval: _____

CBO

Date

****After purchase, attach this signed off pre-approval form to a completed SVUSD Employee Expense Reimbursement Request Form along with your receipts. ****