

**RIALTO UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR EMPLOYEE REIMBURSEMENT
FOR AMOUNTS UP TO AND INCLUDING \$100.00**

Date: _____, 20____

Qty	Receipt for Services or Supplies as Listed Below	Unit Price	Amount
	TOTAL	Sales Tax	\$ _____

Purpose of expenditure: _____
 Store or Vendor's name: _____ Account No. _____
 Services or supplies received by: *(Print District Employee's Name)* _____
 Site _____ Title _____

 Principal/Supervisor Signature Employee's Signature

B-64 (Rev. 9/16 KP) Complete in triplicate. Keep pink copy and photo of receipts, return white and yellow to Accounting)
 Attach **original** receipts. All reimbursements must be acceptable to the purchasing dept. and the county auditor.
(Original receipts must be attached for consideration of reimbursement)

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