

REIMBURSEMENT APPROVAL FORM (RAF) - Certificated ONLY

*(Instructions: For ES use when prior approval of expenses is required for a reimbursement.
If at all possible, please purchase these items using the PO system.)*

Mail to addresses indicated below.

School Name: _____ Date: _____
{Expenses for Only One School on this Form}

1. For Prior Approval of ES Expenses:

Submit this form only prior to purchase to: SSCS/OGCS – Janet Marsh, 1166 Broadway, Suite Q, Placerville, CA 95667 by mail or fax to: Janet Marsh at 530-626-8201.

2. For Reimbursement:

Submit the following together: Expense Reimbursement Cover Sheet, Approved ES RAF (has authorized signature) and Receipt Submission form to : SSCS/OGCS – Janet Marsh, 1166 Broadway, Suite Q, Placerville, CA 95667 by mail only.

ES Code: _____ ES Name: _____ Ph#: _____

ES Mailing Address: _____

Name of Vendor: _____

Requested Estimated Amount to be spent: \$ _____

3. Funding Source:

Copies Postage Supply Fund ES Conference

Staff Development Program Expense

Other _____

Description of items to be purchased and their usage:

4. Grant/Budget Source: _____

5. Funds Available? YES _____ NO _____ Amount approved: \$ _____

Authorizing Signature: _____ Date: _____