SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

Request for Reimbursement

Use this form for reimbursements ONLY; it is not intended for equipment purchases.
You are encouraged to use your procurement card.
Do not use to pay invoices. For pre-approved expenses only.
Request must be accompanied by original receipts and proof of payment.

DO NOT USE FOR THE FOLLOWING EXPENSES. FOR THESE EXPENSES USE THE FORM SPECIFIED:

Travel - Statement of Conference Expense
Mileage - Mileage Expense Claim Form
All Expenses under $100 - Petty Cash Fund Reimbursement Request
Contract or Consulting Services - Authorization for Payment of Services (Independent Contractor Agreement)

Payable to: Requestor's Name		**Requestor's Signature**	**Date**
College	**Division**	**Administrator's Signature**	**Date**
Extension	**Social Security Number or ID**	**Budget Officer's Signature**	**Date**

List each receipt separately

Purchase Date	Item Description	Fund No.	Org No.	Acct No.	Program	Amount

Total Approved for Payment: $0.00

For Reimbursement:
Please submit this form within 30 days of purchases to your budget officer at your campus.

Submit this form with original receipts to District A/P Dept.
Retain copies of your receipts until re-imbursed

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