



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Accounts Payable
1000 Broadway, Suite 450
Oakland CA 94607
Phone: (510) 879-8856
FAX #: (510) 879-0227

REIMBURSEMENT REQUEST FORM

Requests for reimbursement of supplies shall not exceed \$150 per item and no more than \$250 per month per employee.

DATE: _____
TO: Accounts Payable Department
FROM: _____
(Print name)
PHONE: _____
SCHOOL SITE: _____
BUDGET ACCOUNT: _____ - _____
Org key) (Object)

Amount: _____
(Please provide original receipts. Copies will not be accepted.)

Please reimburse: _____ Vendor #: _____
(Name)

(Site/Dept.)

For the items indicated:

1. _____
2. _____
3. _____
4. _____

Immediate administrator signature: _____ Date: _____

Department of Accountability: _____ Date: _____

(Please allow 20 working days for processing. All reimbursement requests must be submitted 60-day after the receipt date and within the current fiscal year).