

YREKA UNION SCHOOL DISTRICT  
309 Jackson Street, Yreka, CA 96097

REIMBURSEMENT REQUEST

DATE \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

VENDOR NAME \_\_\_\_\_ AMOUNT OF PURCHASE \$ \_\_\_\_\_

Description of purchase & instructional use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Purchaser Signature*

\_\_\_\_\_  
*Administrator Signature*

**\*\*NOTE\*\* If amount exceeds classroom budget – purchase will not be reimbursed.  
Purchase must be approved by Administrator.**

\*\*\*\*\*PLEASE ATTACH RECEIPTS BELOW\*\*\*\*\*