SANTA BARBARA COMMUNITY COLLEGE DISTRICT

EMPLOYEE REIMBURSEMENT
CERTIFICATION FORM

Person to be Reimbursed: ____________________________________________
(Please Print)

Amount of Reimbursement: _________________________________________

Account Number: _________________________________________________

Description of Purchase: __________________________________________

This is to certify that purchases were made for legal school district purposes only, and the
person stated above is submitting the attached cash register tapes and receipts for
reimbursement.

_______________________________________________________________
Signature of Person to be Reimbursed

Authorized District Signature: _______________________________________

Title: ___________________________ Date: ___________________________

For Accounting Office Only

Audited:  

Paid:  

Date: _______________ Date: _______________

Initials: __________ Initials: ___________

Warrant #: __________________