



SANTA BARBARA CITY COLLEGE

721 CLIFF DRIVE, SANTA BARBARA, CALIFORNIA 93109-2394
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REQUEST FOR REIMBURSEMENT

This form is to be used when requested Reimbursement for Purchases, Meal Advances and Field Trips. Please do not use this form to request a Travel and Conference reimbursement, an Invoice to be paid, or a Scholarship Transfer to another institution.

<input type="checkbox"/> District Reimbursement		<input type="checkbox"/> Trust / Auxiliary / Financial Aid Reimbursement	
Check Payable To :		K Number :	
Mailing Address :		Email: _____ @pipeline.sbccc.edu	
		Amount : \$ _____ to be Paid	
Budget Account Number		Amount:	
_____	_____	_____	_____
<small>FUND #</small>	<small>ORG #</small>	<small>ACCOUNT #</small>	<small>PROG #</small>
		<small>ACTIVITY # (if applicable)</small>	<small>Budget #1</small>
_____		_____	
<small>FUND #</small>		<small>ORG #</small>	<small>ACCOUNT #</small>
		<small>PROG #</small>	<small>ACTIVITY # (if applicable)</small>
		<small>Budget #2</small>	
Description of Purchases for Reimbursements, Meal Advances* and Field Trips			
*Meal Advances: Include Travel Dates, Destination, Student Count (Trust/Auxiliary/Financial Aid Accounts Only)			
Payment Method <i>(select one)</i>	<input type="checkbox"/> Check to be picked up in Accounting Office, A-130 (Trust/Auxiliary/Financial Aid Accounts Only) <input type="checkbox"/> Check to be mailed to mailing address listed above <input type="checkbox"/> Direct Deposit * Student Setup completed by Student in Pipeline. <u>Prior</u> to Submitting Request. * Employee Direct Deposit form must be filed with Accounting. <u>Prior</u> to Submitting Request. * Vendor Direct Deposit Setup per Vendor Instructions		
Receipts / Invoices	<input type="checkbox"/> Original Included with Form <i>(Required)</i> <input type="checkbox"/> Other _____		
I certify that the expenditure(s) above are in accordance with The District's regulations and purpose of this Fund and Account, and the person stated above is submitting the attached receipts for reimbursement. <i>(Trust & Auxiliary Funds Require TWO authorized signatures.)</i>			
Signature of Person to be Reimbursed:		Date:	
Authorized Account Signer #1		Date	Authorized Account Signer #2 (Trust Only)
			Date