

**SAUSALITO MARIN CITY SCHOOL DISTRICT**

**CASH EXPENDITURES – REQUEST FOR REIMBURSEMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Type and Purpose of Expenditure: \_\_\_\_\_

---

---

Administrative Approval: \_\_\_\_\_

Business Office Approval: \_\_\_\_\_

Account: \_\_\_\_\_

**Please attach receipts to this form.**