

**SAUSALITO MARIN CITY SCHOOL DISTRICT**

**CASH EXPENDITURES – REQUEST FOR REIMBURSEMENT**

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

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

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

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Employee Signature: \_\_\_\_\_

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

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

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

**Please attach receipts to this form.**