

SANTA BARBARA COMMUNITY COLLEGE DISTRICT
CONTINUING EDUCATION DIVISION

EMPLOYEE REIMBURSEMENT CERTIFICATION FORM

NAME: _____

(PLEASE PRINT FIRST AND LAST NAME)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE _____

E-MAIL: _____

REIMBURSEMENT AMOUNT: _____

DESCRIPTION OF PURCHASE: _____

LIST AND DESCRIBE ITEMS AND SPECIFIC AMOUNTS FOR EACH COURSE:

(FOR OFFICE USE ONLY)

SUMMARY OF ITEMS PURCHASED (PLEASE COMPLETE)

Fund	Org.	Account	Program	Course Number Ex. (123123)	Course Section Ex. (12)	Amount

IMPORTANT: ONLY DISTRICT RELATED ITEMS WILL BE REIMBURSED. NO PERSONAL ITEMS MAY BE INCLUDED IN THE REIMBURSED AMOUNT.

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 OR RECEIPTS FOR REIMBURSEMENT. ATTACH ORIGINAL RECEIPTS TO THIS FORM.

**Please Attach All Receipts
For Reimbursement**

Signature

Authorized District Signature

Title: _____ Date: _____