

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT**  
**REQUEST FOR REIMBURSEMENT**

REFERENCE #: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

VENDOR #: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_ AMOUNT: \$                     

DATE	DESCRIPTION	UNIT PRICE	TAX	TOTAL	ACCOUNT NUMBER

I hereby certify that above expenditures were made for use in the Santa Monica – Malibu Unified School District in compliance with District policies.  
 (ATTACH ITEMIZED ORIGINAL RECEIPTS FOR ALL PRUCHASES)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature  
 Principal/Department Head