

SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
Reimbursement Invoice - Other

EMPLOYEE: _____
(Please Print)

DATE: _____

ADDRESS: _____

ITEM

COST

(Please Itemize & Attach All Original Receipts)

TOTAL: _____

I, hereby, certify that no profit or gain was made from this transaction.

Claimant's Signature

Date

Approved: _____

Title: _____

Budget Code

V #
