



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT

REIMBURSEMENT GUIDELINES

These reimbursement guidelines are to assist District employees in obtaining goods of low monetary value where the purchase order process would not be practical or the vendor to be used does not accept purchase orders. This process cannot be used for IT or Title I purchases.

1. Complete Section A of the *Pre-Approval and Reimbursement Claim Form* found on MyPRJUSD under Business Forms and obtain appropriate approval from your Supervisor/Director. An email approval may be attached in lieu of the Supervisor/Director signature if the email clearly states the same items, amount, justification, and budget code as written on the claim form. If the items to be purchased are under \$250, no Fiscal/CBO pre-approval is needed. If the items to be purchased are over \$250, forward the claim form to the CBO office for final approval.
2. Once you have the final approval(s), you may make your purchase. Obtain an original, itemized receipt. If the items require shipping, items are to be shipped directly to the warehouse or school site with a specific name to facilitate delivery. Items purchased on behalf of PRJUSD **MAY NOT** be shipped to your home.
3. After purchase, complete Section B of the *Pre-Approval and Reimbursement Claim Form*, attach itemized receipts and packing slips if items were shipped, and send to the Fiscal Services Department for review and approval.

Once the Fiscal Services Department approves your request, you should receive your reimbursement within approximately 10 business days.



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT PRE-APPROVAL and REIMBURSEMENT CLAIM FORM

INSTRUCTIONS: When claiming reimbursement for personal expenditures made on behalf of the District, itemized receipts and packing slips, where needed, must be attached. If shipping is required, items must be shipped directly to the warehouse or a school site. This procedure cannot be used for IT or Categorical Funds purchases.

A. Complete prior to purchase

Date: _____

Name: _____ Site: _____

Amount requested: _____ Items to be purchased: _____

Justification: _____

Budget code:

Fund	Resource	Yr	Object	Goal	Function	Site	Disc	Disc2

Amount approved: _____ by: _____ Date: _____
(Supervisor/Director)

If over \$250 - Approved by: _____ Date: _____
(Fiscal/CBO)

B. Complete after purchase

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		

Claimant Signature: _____ Date: _____

Supervisor/Director Acceptance of Claim: _____ Date: _____

Approved and Ordered Paid by CBO: _____ Date: _____