

Expense Reimbursement Procedure

Los Altos Art Docents

Purpose: If a docent plans to purchase something for the program and wants to get reimbursement, the procedure listed below must be followed in accordance with LASD policy.

1. First, determine whether or not the purchase amount will exceed \$100. If over \$100, a purchase order must be established with the vendor before the purchase is made. Please contact the LAAD Coordinator (Kimberly Dickerson) to set up a purchase order. (The vendor will then bill the district directly and the docent will not need to get personal reimbursement.)
2. **If the purchase amount will be under \$100, the docent may request reimbursement within 30 days of purchase.** Expense reimbursement forms may be found in the "Expense Form" file in the Art Docent Office, or may be printed at home from the link on the Art Docent website.
3. The reimbursement process consists of two forms. One is a small 1/3 blue sheet and one is a full white sheet. Fill out both forms completely and legibly. Indicate the amount for each expense category on the blue sheet. Indicate payment information for the district on the full sheet, and include the docent signature.
4. **Attach the original invoice or receipt to the forms (no copies).** Credit card statements are not considered original invoices.
5. Place completed forms in the folder labeled "Submitted Expenses" in the Art Docent Office. This folder will be checked on a weekly basis by the Art Docent Treasurer. Approval signatures will be obtained before the form is submitted to the District Office.
6. Approved expense request forms will be submitted to the District Office for payment. Docents should receive a check in the mail within a few days of submission to the district.

If you have any questions about this procedure or about your expense requests, please contact the LAAD Treasurer (Lara Rahn – lara.rahn@yahoo.com)

LOS ALTOS SCHOOL DISTRICT

Cash Purchase Reimbursement Request

PLEASE PRINT:

Name _____ School District _____
 Home Address _____ Activity Art Docent _____

Account # 060-9010-0-4310-00-1110-1000-901600-010-0001

QTY	DESCRIPTION	UNIT COST	TOTAL
		SUB-TOTAL	
		SALES TAX	
		TOTAL	

Attach original paid invoice or sales slip (no copies).

Reimbursement NOT to exceed \$100.⁰⁰

Must be submitted within 30 days of purchase.

PURCHASED BY _____
Print Name *Signature* *Date*

APPROVED BY _____
Print Name *Signature* *Date*



FOR BUSINESS OFFICE USE ONLY

APPROVED BY _____

Art Docent Expense Form

Amount Category

- _____ Aprons
- _____ Art Show: Banner
- _____ Art Show: Supplies
- _____ Art Show: Display Board
- _____ Continuing Education
- _____ Curriculum: Lesson Developmnt
- _____ Furniture & Fixtures
- _____ Hospitality: Coffee & Supplies
- _____ Hospitality: Holiday Lunch
- _____ Hospitality: Potluck
- _____ Hospitality: Spring Lunch
- _____ Office Library
- _____ Office Supplies: General
- _____ Office Supplies: Software
- _____ Office Supplies: Database
- _____ Prints and Mounts
- _____ Programs: Fall Seminar
- _____ Programs: General Mtg
- _____ Publicity
- _____ Recruitment
- _____ Retention
- _____ Strategic Plan: Outreach
- _____ Special Projects
- _____ Training: Food/Beverage
- _____ Training: Supplies
- _____ Unit Supplies: General
- _____ Unit Supplies: New teacher
- _____ Unit Supplies: Watercolor Paper

_____ TOTAL EXPENSE

NAME: _____

DATE: _____

Specify amounts for each category that applies even if all items are on the same receipt.

Please staple your receipt(s) to the form. Thank you!

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- _____ Office Supplies: Database
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