

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
 Transportation Services

REQUEST FOR AUTHORIZED REIMBURSEMENT (TRAF021)

EMPLOYEE _____ DATE _____

REASON FOR REIMBURSEMENT _____

SCHOOL _____ ACTIVITY _____ DESTINATION _____

SUMMARY OF REIMBURSEMENT

TYPE	AMOUNT	TYPE	AMOUNT
REGULAR HOURS	_____	BREAKFAST	_____
FROM _____ TO _____		LUNCH	_____
OVERTIME HOURS	_____	DINNER	_____
FROM _____ TO _____		SUPPLIES	_____
BRIDGE TOLL \$ PARKING	_____	MISCELLANEOUS	_____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR _____ DATE _____

PAID BY _____ DATE _____

RECEIVED BY _____ DATE _____

Distribution: