

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Transportation Services

REQUEST FOR AUTHORIZED REIMBURSEMENT (TRA-F021)

EMPLOYEE _____ DATE _____

REASON FOR REIMBURSEMENT _____

SCHOOL _____ ACTIVITY _____ DESTINATION _____

SUMMARY OF REIMBURSEMENT

TYPE	AMOUNT	TYPE	AMOUNT
<input type="radio"/> REGULAR HOURS	_____	<input type="radio"/> BREAKFAST	_____
FROM _____ TO _____		<input type="radio"/> LUNCH	_____
<input type="radio"/> OVERTIME HOURS	_____	<input type="radio"/> DINNER	_____
FROM _____ TO _____		<input type="radio"/> SUPPLIES	_____
<input type="radio"/> BRIDGE TOLLS / PARKING	_____	<input type="radio"/> MISCELLANEOUS	_____

EMPLOYEE'S SIGNATURE _____ DATE _____ SUPERVISOR _____ DATE _____

PAID BY _____ DATE _____ RECEIVED BY _____ DATE _____

Distribution: 1st Copy – Office; 2nd Copy – Supervisor; 3rd Copy – Employee

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