

**TULARE COUNTY OFFICE OF EDUCATION  
STATEMENT OF REIMBURSEMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

SCHOOL(S) CLASS(ES)	EXPENSE ITEMS	AMOUNT
COLLEGE OF THE SEQUOIAS (list classes)	TUITION	
	BOOKS	
	FEES	
	MATERIALS	
FRESNO STATE UNIVERSITY (list classes)	TUITION	
	BOOKS	
	FEES	
	MATERIALS	
OTHER SCHOOL NAME: _____ (list classes)	TUITION	
	BOOKS	
	FEES	
	MATERIALS	

**TOTAL AMOUNT REQUESTED \$ \_\_\_\_\_**  
(Must attach receipts and verification of grade "C" or better)

I hereby certify that this claim for expense(s) is not being reimbursed by any other source.

\_\_\_\_\_  
CLAIMANT'S SIGNATURE

(TO BE COMPLETED BY PERSONNEL STAFF ONLY)

EXPENDITURES AUTHORIZED BY: \_\_\_\_\_

Jeanne Nava, Assistant Superintendent, Human Resources

BUDGET # \_\_\_\_\_

APPROVED AMOUNT: \$ \_\_\_\_\_

(Sent to Accounting on: \_\_\_\_\_)