

**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: _____

John Rodriguez, Director, Human Resources

BUDGET # _____

APPROVED AMOUNT: \$ _____

(Sent to Accounting on: _____)