



Santa Barbara County Education Office

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Service and Leadership • www.sbceo.org

Certificate for Employee Reimbursement

Request:

I hereby certify that the attached original invoices and/or cash register receipts represent purchases made for legal education purposes only.

\$ _____
Amount of Reimbursement

Signature of employee to be reimbursed

Printed name of employee to be reimbursed

Date

Approval:

Date

Program Name

Authorized Signature

This claim for reimbursement is approved. Personal funds were used to purchase goods for the above named program. The original invoices and/or cash receipts are attached and the goods have been received. Unit prices and extensions have been verified and corrections made where necessary.