



SANTA BARBARA CITY COLLEGE - STUDENT FINANCE

721 CLIFF DRIVE, SANTA BARBARA, CALIFORNIA 93109-2394

District Inquires: accountspayable@sbcc.edu

REQUEST FOR REIMBURSEMENT

This form is to be used when requested Reimbursement for Purchases, Meal Advances and Field Trips. Please do not use this form to request an Invoice to be paid or a Scholarship Transfer to another institution.

<input type="checkbox"/> District Reimbursement		<input type="checkbox"/> Trust / Auxiliary / Financial Aid Reimbursement	
Check Payable To :		K Number : <i>(required for Staff/Student)</i>	
Mailing Address :		Telephone:	
		Amount : \$ to be Paid	
Budget Account Number			
_____ - _____ - _____ - _____ - _____ <small>FUND # ORG # ACCOUNT # PROG # ACTIVITY # (if applicable)</small>			
Description			
of Purchases for Reimbursements, Meal Advances* and Field Trips			
*Meal Advances: Include Travel Dates, Destination, Student Count			
Payment Method <i>(select one)</i>		<input type="checkbox"/> Check to be picked up in Accounting Office, A-130 <input type="checkbox"/> Check to be mailed to mailing address listed above <input type="checkbox"/> Direct Deposit * Student & Employee Direct Deposit Setup is to be completed by Student in Pipeline <u>Prior</u> to Submitting Request.	
Receipts / Invoices		<input type="checkbox"/> Original Included with Form <i>(Required)</i> <input type="checkbox"/> Other _____	
I certify that the expenditure(s) above are in accordance with The District's regulations and purpose of this Fund and Account, and the person stated above is submitting the attached receipts for reimbursement. <i>(Trust & Auxiliary Funds Require TWO authorized signatures.)</i>			
Signature of Person to be Reimbursed:			
<i>Authorized Account Signer #1</i>		<i>Authorized Account Signer #2 (Trust Only)</i>	
<i>Date</i>		<i>Date</i>	
FOR OFFICE USE ONLY	K #	Banner I #	Date Entered
			Check Number
			Check Date

