



WESTERN PLACER
UNIFIED SCHOOL DISTRICT

Reimbursement Approval Form (Site RAF)

This form *must* be completed and approved before items are purchased. RAF and *original receipts* must be attached to completed Employee Expense Reimbursement Form.

Name: _____ Site: _____

Vendor: _____

Amount: _____

Description of item(s) to be purchased:

Area/Location/Program where item(s) will be used:

Reason for making purchase rather than submitting purchase order:

Funding Source (Include account code below.): _____

Requestor Signature _____

Date _____

F	D	R	E	S	C	Y	O	B	J	T	S	O	G	O	A	L	F	U	N	C	S	C	H	L	1	L	2	L	3

To be completed by site office.

Funds Available? ☐ Yes ☐ No _____
Initial

RAF Approved? ☐ Yes ☐ No _____
Initial

Site Administrator _____

Date _____

Assistant Superintendent, Educational Services (if necessary) _____

Date _____

Director of Technology If Technology--need Director of Technology's signature _____

Date _____