

**REIMBURSEMENT APPROVAL FORM (RAF) - Certificated ONLY**

*(Instructions: For ES use when prior approval of expenses is required for a reimbursement.  
If at all possible, please purchase these items using the PO system.)*

Mail to addresses indicated below.

School Name: \_\_\_\_\_ Date: \_\_\_\_\_  
{Expenses for Only One School on this Form}

**1. For Prior Approval of ES Expenses:**

Submit this form only prior to purchase to: CWCS – Sherri Nelson 12420 Bentley Street,  
Waterford, CA 95386 by mail or fax to: Sherri Nelson at 209-874-9531.

**2. For Reimbursement:**

Submit the following together: Expense Reimbursement Cover Sheet, Approved ES RAF  
(has authorized signature) and Receipt Submission form to Accounting –  
IEM, 4535 Missouri Flat Road, Ste. 1A, Placerville, CA 95667

ES Code: \_\_\_\_\_ ES Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

ES Mailing Address: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Requested Estimated Amount to be spent: \$ \_\_\_\_\_

**3. Funding Source:** \_\_\_\_\_

Copies                       Postage                       Supply Fund                       ES Conference

Staff Development     Program Expense     Other \_\_\_\_\_

Description of items to be purchased and their usage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Grant/Budget Source:** \_\_\_\_\_

**5. Funds Available?**      YES \_\_\_\_\_ NO \_\_\_\_\_ Amount approved: \$ \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_