

Claim for Reimbursement

SE 3430.00e

Mendocino County Office of Education

TO: Mendocino County Office of Education
2240 Old River Road
Ukiah, CA 95482

This claim is submitted for reimbursement for the following partial, or complete service(s) specified in contract PO # _____ to the Mendocino County Superintendent.

(General Description of Service(s) for which reimbursement is requested. Specify dates where applicable. Details on back)

TOTAL COSTS OF SERVICES _____

Make check payable to:
(Type or print legible)

Name _____ SS# or Tax payer I.D.# _____

Home Address _____

Signature _____ Date _____

Mendocino County Office of Education Approvals

Requested by: _____ Date: _____

Approved by: _____ Date: _____

Budget Classification

Amount

Instructions: This form is to be used to support payments for service and may include travel reimbursement, if applicable. *For Payment*, submit two copies of this form, together with the receiving copy of the Purchase Order, to Business Services.

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SERVICES RENDERED

Month _____

Date	Name of Student	Activity	HRS	Educational Objectives No. From IEP (if appropriate)

Signature

Date