

## **Guidelines For Reimbursements:**

### **Provide receipts:**

Receipts submitted for reimbursement request must be original, itemized receipts.

### **Sales Tax:**

Saline Area Schools is a sales tax-exempt entity and purchases made with school funds on behalf of students are eligible for sales tax exemption (sales tax will not be reimbursed).

To obtain a sales tax exemption certificate to present to a vendor, please provide Julie Campbell (treasurer) with your vendor's name and address and request a tax exempt certificate. You can request these via email to [Julie.Campbell@hotmail.com](mailto:Julie.Campbell@hotmail.com) and the certificate will be emailed back to you.

### **Personal Purchases:**

Saline Area Schools cannot partially reimburse receipts that contain personal items. Everything on your receipt must be wholly reimbursable. If you're making a purchase on behalf of the team, please do so in a separate transaction.

### **Gift Cards:**

The IRS considers gift card in any denomination to be cash transactions and are considered reportable for income tax purposes. Therefore, Saline Area Schools will not reimburse the purchase of gift cards.

### **Questions?:**

As a public school district and the acting fiduciary of our team bank account, Saline Area Schools has specific rules that they must follow in accordance with the spending of school funds. The main points are listed above, but for additional questions please check with Julie Campbell before purchasing.

# Saline Area Schools

## Student Activity Request For Funds

Account Number: **61.2431.0186**

Activity/Club Name: **Crew**

Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_  
(Do not include sales tax or bottle deposits)

Pay to the order of: \_\_\_\_\_

Address (REQUIRED): \_\_\_\_\_

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

Requested by: \_\_\_\_\_

Funds will be used for: \_\_\_\_\_

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

### **Documentation is required...**

This request must be accompanied by **ORIGINAL** invoices and/or **ORIGINAL ITEMIZED RECEIPTS**. **DO NOT USE HIGHLIGHTER OR TAPE ON RECEIPTS.**

#### **Check should be:**

\_\_\_ Forwarded to payee or  
\_\_\_ Returned to advisor  
\_\_\_ Picked Up @ Liberty  
School (call x-4514 to make  
arrangements)

Authorized by: Julie Campbell

Signature: \_\_\_\_\_

***By signing this request, I confirm that these funds will be used in accordance with school policy and Student Activity Account Rules.***