

SAN DIEGO CITY SCHOOLS
FINANCE DIVISION
BUDGET MANAGEMENT AND COST CONTROLS DEPARTMENT
SATURDAY SCHOOL REIMBURSEMENT PROGRAM

SCHOOL: _____

DATE OF SATURDAY SCHOOL CLASS: _____

Please complete the following in order to receive reimbursement for Saturday School expenses incurred for students that make up unexcused (non-apportioned) absences. Expenses incurred to make up non-apportioned absences occurring after the P2 ADA state reporting date (see the Pupil Accounting Attendance Calendar for the P2 date) will not be reimbursed.

EXPENSES INCURRED:
(Provide detailed accounts)

Teacher(s) _____	\$ _____
Aide _____	\$ _____
Employee Benefits _____	\$ _____
Supplies _____	\$ _____
Supplies (from existing stock) _____	\$ _____
Other _____	\$ _____
TOTAL EXPENSES INCURRED	\$ _____

For Finance Division Use Only:	
SATURDAY SCHOOL INCOME (ADA)	\$ _____
TOTAL REIMBURSEMENT	\$ _____

Reimbursement will be reflected in budget account no:
_____ 0000000 4301 1000 1110 01000 0000
(4 digit cost center)

Prepared by: _____
Clerk # _____ Principal

_____ # _____
Please print name of clerk and phone number

(Return this form and the Saturday School Attendance Roster form to Pupil Accounting, Rm. 3202)

Refer Questions to: Site Budget Analyst

Isela Young in Pupil Accounting, (619) 725-7577