



Sonoma Valley Unified School District

Vision Reimbursement Request

Name: _____

Date Submitted: _____

Site: _____

___ Certificated ___ Classified

Account Codes (FOR USE BY BUSINESS OFFICE ONLY): _____

___ FTE

___ FTE

___ FTE

Vision Expenses Submitted (Document with Receipts)

\$ _____

Amount Due to Employee

\$ _____

Claimant's Signature _____

Business Office Approval _____

Date Processed _____

Attach all original receipts.