



Reimbursement/Check Request Form

Requestor's Name: _____ Date: _____

Phone # or E-Mail: _____

Committee/Event: _____

Approved By: _____ Date: _____

Check Payable To: _____

Indicate where check should be sent (check one): Put in my box at school

School office: (will pick up) Other/Deliver to: _____

- Submit this completed form with the original invoice/receipt(s) to the Treasurer. **All reimbursements must have receipt or invoice.**
- Payment requests need to be turned in within 30 days of expenditure.
- You must cash reimbursement checks within 60 days or check issued date to ensure payment.

Date	Invoice #/Retailer/Itemized Items	Amount
Total:		

Treasurer's Use Only

Check date _____ Check # _____ Amount \$ _____

Mthly Statement/Check Cleared: _____ Budget Updated: _____