



# THE SEVEN HILLS SCHOOL

## REIMBURSEMENT/CHECK REQUEST FORM

### APPROVAL

Total: \$ \_\_\_\_\_

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

Account # \_\_\_\_\_

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

**All receipts and original invoices must be attached and approval obtained before a reimbursement or check request will be processed.**

Expense	Name	Approver
Head Of School	Kathleen McNamara	
Admissions	Susanne Goldman	
Development/PIA	Amy Walters	
Lower School/ECE /Library	Tanveer Alibhai	
Maintenance	Ponce Yambao	
Marketing	Mary Murphy	
Middle School	Scott Espinosa-Brown	
Operations	Michael Chamberlain	
Professional Development/XDay	Rhys Miller	
Tech	Renee Ramig	

Reimbursement Information	
Name	
Amount	
Business Purpose	
<i>Description of Expense</i>	

Check Request Information for Vendor/Organization Payee	
Organization Name	
Amount	
Business Purpose	
Address	
<i>Description of Expense</i>	