



Reimbursement Request Form

Name:	Date:
Address:	Phone:
Email:	Delivery Method: <input type="checkbox"/> Mail to me <input type="checkbox"/> Will Pick Up <input type="checkbox"/> Send with child
Pre-authorized expenditure? <input type="checkbox"/> Yes <input type="checkbox"/> No * <small>* Payment will only be made if funds for this program are available and have been pre-approved by the board.</small>	Authorized by (signature):

RECEIPT?	BUDGET LINE ITEM	VENDOR	SALES TAX PAID	FOOD TAX PAID	CHECK #	TOTAL PAYMENT

**Original receipts must be submitted and attached to this report within 7 business days.
Photocopies of receipts returned by request only.**