



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 * * Payment will only be made if funds for this program are available and have been pre-approved by the board.	Authorized by (signature):

RECEIPT?	BUDGET LINE ITEM	VENDOR	SALES TAX PAID	FOOD TAX PAID	TOTAL PAYMENT
TREASURER USE ONLY			CHECK #:	TOTAL:	

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