

EXPENSE REIMBURSEMENT / PAYMENT REQUEST

SCHOOL: _____ **BSS:** _____

_____ **Fund Account Name/Number** _____ **Date** _____

SECTION I – (Complete For Reimbursement Request Only)

I, _____, request reimbursement for the disbursement of funds as shown on the attached documents (i.e. receipts, invoices, refunds, etc.), which total \$ _____. Funds were disbursed for the purpose(s) of:

SAPO: _____ DELIVER TO SCHOOL: _____ MAIL CHECK: _____

SECTION II – (Complete For Payment Request Only)

Amount: \$ _____

Pay To: _____

Description: _____

(Attach documentation to support disbursement; i.e. invoice, club minutes, etc.)

SECTION III – Authorizations (Complete For All Requests)

Signature of Sponsor/Teacher

Signature of Principal/Director

ATTACH CHECK STUB TO TOP OF THIS FORM