Date of Request: ____________________

Make Check Payable to: ________________________________

<table>
<thead>
<tr>
<th>Budget Item/Event</th>
<th>Description of Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Total Reimbursement Amount $________

How would you like to receive payment? Please select one:

☐ Sent home with my child.

Name: ________________________________

Teacher: ________________________________

☐ Mailed in the enclosed self-addressed, stamped envelope.

Submitted by:
Print Name __________________________ Signature __________________________

Email Address __________________________ Phone __________________________

** RECEIPTS must accompany this request.

Reimbursement Requests should be submitted within two (2) weeks following the conclusion of the event and no later than June 20th.

Treasurer's Use Only:
Date Paid __________
Check # __________