

**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**