Request for Reimbursement

Alfred Vail Home and School Association

Please allow 5day reimbursement time. Reimbursements will not be made without receipts or completed form. Please attach all receipts to this form. Thank you :)

Forms can be placed in treasure mailbox or sent via backpack mail to Ellie Skripak (Mrs. Falconer), or Elizabeth Herzog (Mrs. Manahan)

PLEASE email joannas_pt@hotmail.com or suzannembailey@gmail.com with any questions!

Request Date: _____ Requested By: _____
(please print first and last name)

Make Check Payable To: _____

Amount Requested:_____ For:_____
(committee, project, event, program)

Description:

_____

_____

Approvals:

_____ _____ _____
(requestor signature) (committee chair) (date)

Please deliver reimbursement via:

Teacher mailbox Backpack Mail:_____ Mail Check: _____
(teacher name and student)

_____

_____

Treasurer's use only:

Approved: _____ Date received: _____

Date of Recording: _____ Expense Account _____

Check Amount: $ _____ To:_____

Date of check _____ Check #_____