



MEETING THE NEEDS OF ALL STUDENTS IN OUR DISTRICT

Reimbursement Request Form

Fill out the form completely. Please attach original receipts to this form.

Date _____ Total Amount _____
 Submitted by _____
 Phone _____ Email: _____
 Send Check to (name) _____
 Address _____
 City/State/Zip _____
 Board Signature _____ Board Signature _____

| | |
|-------------------------------|------------------------|
| Project Name _____ | Chair Notified? Yes No |
| Description of Purchase _____ | Amount _____ |
| _____ | _____ |
| _____ | _____ |
| Subtotal | |
| Project Name _____ | Chair Notified? Yes No |
| Description of Purchase _____ | Amount _____ |
| _____ | _____ |
| _____ | _____ |
| Subtotal | |

| Treasurer Use Only | | | |
|--------------------|-----------------------|------------|--|
| Check Number _____ | Amount _____ | Date _____ | |
| Voucher # _____ | Budget Category _____ | | |

PLEASE SEND TO THE TREASURER WITHIN 30 DAYS. THANK YOU.

Kathy Goss
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 Mechanicsburg, PA 17055
 dkagoss@gmail.com