



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.

Angie Weir
 4020 Clair Mar Drive
 Dover PA 17315
Aweir1984@yahoo.com
 717-873-1002