OPERATION WILDCAT

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.

Lee Capasso
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Mechanicsburg PA 17055
717-439-0505
Email: capassolm136@gmail.com