

Valley Forge Elementary School Expense Reimbursement/Check Request Form

Instructions:

1. Submit expenses as they occur.
2. Fill out this form to request reimbursement or to have invoices paid
3. **Attach all receipts or invoices and retain a copy for your records**
4. All expenses must be submitted to the committee chair for approval
5. Return this form and receipts in "Treasurer's" mailbox in the school office
6. All checks over \$500.00 require two (2) signatures and therefore will take longer to process

* * * *

Date: _____

A. Committee Name: _____

B. Make check payable to: _____

C. Check distribution (fill in either #1 or #2):

1. Leave check in office in envelope addressed to: _____

2. Mail check to:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

D. Expense explanation (attach ALL receipts):

Explanation(s):

Amount(s):

Total Requested: _____

E. Requested by: _____

Phone: _____

Valley Forge Elementary Use Only

Check Number: _____

Check Date: _____