

EXPENSE AUTHORIZATION AND CHECK REQUEST

Today's Date _____

I. Authorization

| | |
|-----------|----------------|
| Your Name | Phone |
| Address | City State Zip |

You must obtain authorization prior to requesting a reimbursement check. Please fill out Section I of this form first and get a signature from a parent club officer* then, when requesting a reimbursement fill out section II and resubmit this form (with signature) to the Parent Club treasurer's box (in the office) with all receipts for reimbursement. If requesting a vendor check, please fill out sections I and III.

Detail for Authorization

| Item | Reason/Event/Description | Amount not to exceed |
|------|--------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

Total \$ _____

Authorized by: _____

Parent Club Officers available for signing: LuAnn Caesar, Kathy Atelian, Jill Wolf, Ann Tro

II. Reimbursement

Actual expenses for reimbursement if different from above

| Item | Reason/Event/Description | Actual amount |
|------|--------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

Personal money spent, but not asking for reimbursement \$ _____ Total \$ _____

III. Vendor Checks

If you are submitting a bill and requesting a check for a vendor at this time, please answer the following:

Who is the payee? _____ Need by? _____ Check amount? _____

Payee address: _____

Please leave form in Parent Club Treasurer's box in the school office. Any questions? Please call Jill at 969-9309