CHEROKEE COUNTY SCHOOL DISTRICT
REQUEST FOR FACILITY USE ADVANCE DEPOSIT REIMBURSEMENT

The Facility Principal, or work location supervisor, must review and approve this reimbursement request prior to this form being sent to the Office of Financial Management for review. Proof of Advance Deposit must be attached and forwarded to the Office of Financial Management when submitting this Request Form.

Group or Organization: _____ Date:_____

Responsible Person/Contact: _____ Phone: _____

Mailing Address: _____

Dates Facility Used	Area(s) Used	Continuing Use Y/N

_____ is continuing the Facility Use/Lease and would like to apply the $2,000 Advance Deposit from our last Facility Use Agreement to the next Facility Use/Lease Agreement.

_____
Group Representative Signature

_____ is terminating the Facility Use/Lease and would like to apply for the $2,000 Advance Deposit to be reimbursed. A copy of the cancelled check as proof the Advance Deposit was paid is attached.

_____
Group Representative Signature

I certify that no damage has occurred to the facility and the Advance Deposit can be reimbursed to the Facility User.

_____
Principal/ Work Location Supervisor Signature

_____	☐	☐	_____
Kenneth Owen	Approved	Denied	Date

Note: If damages have occurred to your facility from the use of the above Facility User, please contact Support Services at 770.721.8427 to review the damages and assess repair costs. Repair cost will be deducted from the Advance Deposit amount.

Forward this form to Principal/Work Location Supervisor for approval, then to the Division of Support Services for processing.