

Please staple all receipts to the back of this form

# Price Home & School Club Reimbursement/Check Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Committee/Budget: \_\_\_\_\_

MAKE CHECK PAYABLE TO:

AMOUNT REQUESTED:

\_\_\_\_\_ \$ \_\_\_\_\_

HOW DO YOU WANT YOUR CHECK DELIVERED?

- Put in my box (staff only)
- Put in Home & School Club box
- Mail to me at: \_\_\_\_\_
- Other: \_\_\_\_\_

DESCRIPTION OF EXPENSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**For H&SC use only:**

DATE PAID: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ \$ \_\_\_\_\_ QB: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_