



Baker Elementary



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Reimbursement / Check Request

Date of Request: _____

Make Check Payable to: _____

Budget Item/Event	Description of Expense	Amount
		\$
		\$
		\$
		\$
Total Reimbursement Amount		\$

How would you like to receive payment? Please select one:

Sent home with my child. Name: _____

Teacher: _____

Mailed in the enclosed self-addressed, stamped envelope.

Submitted by: _____

Print Name

Signature

Email Address

Phone

**** RECEIPTS must accompany this request.**

Reimbursement Requests should be submitted within two (2) weeks following the conclusion of the event.

Treasurer's Use Only:

Date Paid _____

Check # _____