

EXHIBIT 4: REIMBURSEMENT FORM AND PROCESS



PARK TUDOR CHECK REQUEST

Date of Request _____ Date Needed _____

Payable to _____ Amount _____

Purpose _____

Team Name (eg. Girls Soccer; Boys Tennis, etc.) _____

Account Name or # (if known) _____

Requested by _____

Authorized Signature _____
Designated Team Parent

Authorized Signature _____
Business Office Representative

If this check is to be mailed please provide the address:

* Attach receipt (please note, Park Tudor is a 501(c)3, non-profit sales tax exempt organization. Sales tax will NOT be reimbursed.)

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Check Request Process

