Buford Elementary - Reimbursement Form – 2025-2026

**Please fill out this form using your computer and do the following:

- Print form out, sign it, attach **ORIGINAL** receipts, and put in MS. CARRILLO's box (or deliver in person to Room 57)

Person Making Request:	
Check Payable to: Person named above	Other:
Funds Source (Found on your balance letter):	
Signature:	Date:

Directions:

1. List each Store Name where indicated.
2. Put total where it says Receipt Total.
3. Original receipts must be included.
4. Turn in the SIGNED form and ORIGINAL RECEIPTS on the first Friday of the month. Your request will be processed and you will receive a check the following week.

Store Name	Purpose/type of items purchased	Receipt Total
	Subtotal:	
	Total:	

This Section for Treasurer Only: R- ____ - 2526 - ____ Check #: _____

A - ASB Students **B** - Carnivals **C** - Counseling **D** - Donations **E** - Food Sales **F** - Fine Arts
G - General **H** - TK/Kinder **J** - 1st Grade **K** - 2nd Grade **L** - Library **M** - 3rd Grade
N - 4th Grade **O** - Office Funds **P** - 5th Grade **Q** - Labs/Learning Center