



# Reimbursement Check Request Form

FILL OUT THIS FORM, SIGN AND PRINT.  
 EMAIL OR SEND TO THE SCHOOLHOUSE MUSEUM TO THE ATTENTION OF TREASURER.

NAME		DATE		PH NO.	
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	VENDOR/STORE	EXPENSE DESCRIPTION	\$ AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		TOTAL	\$

CHECK DISTRIBUTION
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MAKE CHECK PAYABLE TO: \_\_\_\_\_

MAIL CHECK TO THIS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

FOR TREASURER USE ONLY
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CHECK #: \_\_\_\_\_ CHECK DATE: \_\_\_\_\_ PREPARED BY.: \_\_\_\_\_

SIGNED BY.: \_\_\_\_\_

COMPUTER ENTERED: \_\_\_\_\_ PAID: \_\_\_\_\_ SIGNED BY.: \_\_\_\_\_