

Oak View Home & School Association Reimbursement/Check Request Form



YOUR NAME	YOUR PHONE NUMBER () -
COMMITTEE/CATEGORY	
DATE SUBMITTED / /	
REASON FOR REIMBURSEMENT	
MAKE CHECK PAYABLE TO	
AMOUNT REQUESTED FOR REIMBURSEMENT \$	

****ORIGINAL receipt(s) totaling the amount of reimbursement must be attached.**

Where would you like your check to go?

<input type="checkbox"/>	Place check in H&S Treasurer's Box
<input type="checkbox"/>	Place check in my school mail box (Teachers and Staff Only)
<input type="checkbox"/>	Mail check to me via US Postal Service (You must enclose a self addressed stamped envelope)
<input type="checkbox"/>	Mail check directly to Vendor/Provider

SIGNATURE OF REQUESTOR	DATE SUBMITTED / /
APPROVED BY (CHAIRPERSON SIGNATURE IF REQUIRED)	DATE APPROVED / /

For Treasurer's Use Only

CATEGORY	CHECK #	CHECK AMOUNT \$	DATE
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