



REQUEST FOR REIMBURSEMENT/CHECK

School: BCS District: 15 Date: _____

Amount of expenditure: \$ _____

Purpose of purchase: _____

Charge to which fund: _____

Date: _____

Check payable to: _____

Address: _____

AUTHORIZING SIGNATURES:

Purchaser/Teacher

School Secretary

Principal (or designee)

INVOICE/RECEIPTS MUST BE ATTACHED