



# REIMBURSEMENT REQUEST FORM

For quicker reimbursement, please email this form/receipts to Chris DeGuzman  
demagg\_33@yahoo.com

**\*\*Receipts must be submitted for reimbursement within 30 days of expenditure\*\***

**Name:**

**Phone number:**

**Amount:**

**Budget line(s):**

**Reason for expenditure:**

\*\*\*\*\*

**Preferred reimbursement method:**

\_\_\_\_\_ Venmo (indicate profilename) @ \_\_\_\_\_

\_\_\_\_\_ PayPal (indicate email) \_\_\_\_\_

\_\_\_\_\_ Check (indicate child's teacher) \_\_\_\_\_

\* Checks will be sent home with child unless another method is preferred

Note any special payment instructions or additional explanation below:

\*\*\*\*\*

For Treasurer's use only:

Date Paid: \_\_\_\_\_ Method: \_\_\_\_\_ Check #: \_\_\_\_\_