# REIMBURSEMENT REQUEST

Date Submitted _____

- ☐ Culturally responsive books
- ☐ Fall Festival
- ☐ Haunted House
- ☐ Graduation
- ☐ Movie Night
- ☐ Classroom Grants
- ☐ Toast to Enatai
- ☐ Multicultural Week
- ☐ Science Fair
- ☐ Art Docent
- ☐ Carnival
- ☐ Passport Club
- ☐ Curriculum Enhancement
- ☐ Other:_____

| Description/Vendor | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| ***TAX:*** | |
| ***TOTAL:*** | |

***Attach all receipts to this form***

**APPROVAL:**

_____ Event/Committee Chair

_____ Approving Board Member

**Make check payable to**:

Name _____

Address _____

Phone Number _____

Email _____

Please do not issue check. I would like to donate the items above. ☐

**For Treasurer's use only:** **Date Paid** _____ **Check #** _____