



WALLACE ELEMENTARY
2010-2011 CHECK REQUEST / REIMBURSEMENT FORM

FOR: _____ A check to be paid directly to a vendor/service provider

FOR: _____ Reimbursement for expenses already paid

Each check to be paid requires a request form

Check Requester: _____ Today's date: _____

Payable to: _____ Date needed: _____

Address: _____

(for vendor invoices or reimbursements to non-board members)

Mail check directly to vendor _____ Check to payee _____ Check to Requester _____

- Original receipts or an invoice should be attached. Sales tax will not be reimbursed.
- If your invoice or receipt applies to more than one account, please identify each account and the amount that should be deducted from each account.

Item	Place of Purchase	Account to charge	Amount
		Total:	

Treasurer's Notes:

Date Invoice Received: _____ Date Approved: _____ Paid: _____

Check Number: _____

Amount of Check: _____

REMARKS:

Treasurer Signature _____ **President Signature** _____