

Reimbursement Request

Imagine Parents in Partnership



YOUR NAME:		PHONE: ()	
PROJECT/CATEGORY:			
DATE SUBMITTED: / /		DATE MAILED: / /	
REASON FOR REIMBURSEMENT:			
CHECK PAYABLE TO:			
FULL ADDRESS: (Your check will be mailed to you)		TOTAL AMOUNT: \$	

Receipt(s) totaling the amount of reimbursement must be attached.

Store Name	Receipt Total \$	Store Name	Receipt Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			TOTAL: \$ _____

Approved by (Officer): _____ Date: _____

Approved by (Officer): _____ Date: _____

Reimbursement requests received 90 days or over after the event has taken place will not be approved for payment.

For Treasurer's Use Only: Category _____

Check # _____ Date _____ Logged _____