



Reimbursement/Check Request Form

Reimbursement or **Check Request**

Purchaser: _____
Print Name Signature Date

Account Allocation (Please check appropriate box):

General Operating Account

Budget Category/Event: _____
General Operating Account Reimbursements/Check Requests are to be submitted first to the Admin Office.

Root Group Account

Budget Category/Event: _____
Root Group Reimbursements/Check Requests are to be submitted first to the Root Group mailbox.

Student Entrepreneurial Leadership Account:

Budget Category/Event: _____
Student Entrepreneurial Leadership Account Reimbursements/Check Requests are to be submitted first to the Head of School.

Approvals:

This completed form must pass through the treasurer or manager of each account first for budget allocation tracking. That individual will then submit the form and all attachments to the office for check processing.

Account Treasurer/Manager Signature: _____ Date: _____

H.O.S. Signature: _____ Date: _____

Date	Vendor	Description	Total

- Purchases made without prior approval cannot be honored or reimbursed.
- Reimbursement and check request require attached receipts or invoices for processing.
- Reimbursements and check requests must be turned in within 30 days of purchase.