

Check/Reimbursement Request from Classroom or Program Accounts

Use this form to request checks made out directly to a vendor or other person, or for reimbursement for allowable expenses you've personally incurred for supplies, trips, or services. For your payment to be processed it must have documentation such as a receipt or invoice, and appropriate signatures. Include receipts, attach to separate sheet. Place into Guild Deposit Box. Make copies for teacher & class rep/event coordinator. Allow 30 business days for processing. Checks will be mailed to address below. Direct all questions to the Guild Treasurer at winncommunityguild@gmail.com.

****2nd Approver should be classroom parent rep. If unavailable, acceptable 2nd approvers are a Guild Exec Team member or the Principal.****

Check made out to: _____

Address: _____

Comments or Special Handling Instructions:

Requestor Name: _____ Signature: _____ Date: _____

Account:

____ Classroom (enter name of teacher): _____

____ Program (enter name/description): _____

Date	Description	Purpose/Account	Amount
			\$
			\$
			\$
			\$
Total Requested Reimbursement			\$

Account Holder: _____ 2nd Approver: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

—Guild Use—

Check Date: _____ Check Number: _____ Amount \$ _____ Entry Complete: _____

Memo: _____