GENERAL H&S REQUEST FOR REIMBURSEMENT

Please fill out the following information, attach receipts or a clear copy of receipts. Then place in the treasurer's mailbox which is located in the office on the H&S table.

Date				
Name				
Amount of Request				
Committee/Event			_	
*Note – if you are reque each. This will ensure a	-	-		please fill out a separate form for
Check Made Payable to	:			
Address (N/A for Worcester staff)			
Child's Name/Grade/Tea	acher			
*Please label receipts w	ith a number and ite	emize amounts p	er receipt:	
Receipt #1_ = \$ Am	iount:	Receipt #	_ = \$ Amount:	_
Receipt #2_ = \$ Am	iount:	Receipt #	_ = \$ Amount:	_
Receipt #3_ = \$ Am	iount:	Receipt #	_ = \$ Amount:	_
Receipt # = \$ Am	iount:	Receipt #	_ = \$ Amount:	_
Receipt # = \$ Am	ount:	Receipt #	_=\$ Amount:	_

When possible, please wait until you have accumulated \$25 in receipts before submitting this form. If you have questions, please contact Nikki Ferraro at <u>worcesterelementarytreasurer@gmail.com</u>.

*Note:

The H&S Executive Board reserves the right to audit all requests for reimbursement. Unnecessary or unauthorized expenses (for example: external vendors, etc.) assumed by a Chair and/or Committee without Board approval may result in partial or non-payment. Please refer to the POW, the By-Laws or the H&S Handbook for procedures.