

**SIPAT**  
**Reimbursement and**  
**Check Request Form**

**INSTRUCTIONS:**

1. Please complete this form and **ATTACH ALL RECEIPTS OR INVOICES**, then return to the Treasurer's check request folder in the school office.
2. All requests must be associated with an approved SIPAT program and budget allocation.
3. All receipts or invoices must be turned in within **30 days** to be eligible for payment.
4. Checks will be available for pickup in the school office 2-3 weeks after the request is made. If a check is needed sooner, please contact the Treasurer (see below).

Today's Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address if check is to be mailed: \_\_\_\_\_

	<b><u>Event and Description of Expense</u></b>	<b><u>Date of Expense</u></b>	<b><u>\$ Amount</u></b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

***TOTAL REQUESTED \$*** \_\_\_\_\_

**Questions? Contact:**

Angie Hart, Treasurer

(530) 304-7511

angiehart@me.com

Jen Bercutt, Financial Secretary

(530) 297-0300

bercuttj@gmail.com

**SIPAT APPROVAL**

**TREASURER'S USE ONLY**

**President:** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Recording Secretary:** \_\_\_\_\_

**Date of check** \_\_\_\_\_