

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: _____

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

TOTAL REQUESTED \$ _____

Questions? Contact:

Erin Schlemmer, SIPAT Treasurer (eschlemmer@gmail.com)

Carolina Erlich, SIPAT Financial Secretary (lalawonder@yahoo.com)

SIPAT APPROVAL

President: _____

Recording Secretary: _____

TREASURER USE ONLY

Check # _____

Amount _____

Date of check _____