

# 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. Indicate which Budget Line Item your reimbursement will come from. *See list inside folder; if you are unsure about line item, contact Treasurer.*
3. All requests must be associated with an approved SIPAT program and budget allocation.
4. All receipts or invoices must be turned in within **30 days** to be eligible for payment.
5. 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>Line Item</u>	<u>Date of Expense</u>	<u>\$ Amount</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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

**Questions? Contact:**

Grace Bassett, SIPAT Treasurer ([gracejbassett@yahoo.com](mailto:gracejbassett@yahoo.com))

Carolina Erlich, SIPAT Financial Secretary ([lalawonder@yahoo.com](mailto:lalawonder@yahoo.com))

<b>SIPAT APPROVAL</b>	<b>TREASURER USE ONLY</b>	
President:	Check #:	Date:
Secretary:	Amount:	