



Payment/Reimbursement Request Form

Requested By: _____

Date: _____

Type of Request:

☐ Payment via Check ☐ Payment via Credit Card ☐ Reimbursement via Check

Reimbursements should be submitted no later than 10 days after the month the expense was incurred. If payment is needed by a specific date, please email: treasurer@springdaleparkelementary.org.

Date	Description	Receipt/Invoice Attached?	Amount
Total Amount Requested:			

Pay To: _____

Telephone: _____

Email: _____

Preferred Contact Method:

☐ Telephone ☐ Email

Check Delivery Method:

☐ Mail To: _____ or ☐ Deliver To My Child's Backpack

_____ Class/Grade: _____

If mailing is requested, please provide stamped, addressed envelope and any necessary paperwork.

Approval (expenses must be approved by appropriate board member):

Name: _____ Title: _____

Signature: _____ Date: _____

For treasurer's use only: Check # _____ Amount: _____