



Check/Reimbursement Request

Your Name _____ Phone _____

Date Submitted _____ Date Needed _____

Project/Category _____

Mail check to below address OR Send home with my child

Child's Name : _____

Teacher's Name : _____

Classroom Number : _____

Reason for Check _____

Included in annual budgetor..... Approved at meeting (date _____)

Check Payable to _____

Amount \$ _____

Address of Payee (if no bill attached)

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.

Approved by (YSFA Officer) _____ Date _____

Approved by (YSFA Officer) _____ Date _____

For Treasurer's Use Only

Check # _____ Dated _____ Date Mailed/Hand Delivered _____