

CHECK REQUEST / REIMBURSEMENT FORM

Check Request	
Submitted by: _____	Date: _____
Is this check request a reimbursement? <input type="checkbox"/> Yes (Please complete the reimbursement section below.) <input type="checkbox"/> No	
Make check payable to*: _____	Amount Requested: _____
Expense description: _____	
[2019 mileage rate 58¢ per mile]	
Documentation verifying the expense (e.g. purchase order) must be included.	

The section will be completed by ELBB accounting.		
Budget Category: _____	Approved by: _____	
Date paid: _____	Amount paid: _____	Check #: _____

Reimbursement ♦	
(must be submitted within 30 days of the expense)	
All reimbursable expenses must be approved in advanced. If this reimbursement was not included in the budget or approved in advance by the Booster Board President or Accounting, thank you for your donation. For reimbursements that were approved in advance, please provide the following information:	
Who approved this expense? _____	Date: _____
Is the reimbursement amount the amount that was approved? <input type="checkbox"/> Yes <input type="checkbox"/> No* (Please explain below.)	
* _____	
♦Reimbursements will be applied to outstanding fair share.	
OSO/PCCPTA regulations require <u>original</u> receipts for reimbursement.	
If you no longer have your original receipt, thank you for your donation.	
Are your original receipts for this reimbursement attached to this form? <input type="checkbox"/> Yes <input type="checkbox"/> No (Thank you for your donation.)	

Approval for Non Budget OR Over Budget Expenses	
Approved by: _____	Date: _____
Approved by: _____	Date: _____
Requests over \$300 require prior approval by the Band Booster Board.	