



Reimbursement Form

To: Catherine Kaner, Treasurer
Tricia Surprenant, Director of Finance

Date: _____

RE: Reimbursement/Budget

Reimbursement Check Request

Attached please find my receipt(s) from (Ex. 6th Grade Halloween Party): _____

In the amount of \$ _____

Please make check payable to: _____

Signature: _____

Delivery Options (circle one): Mailed or Send home with Student _____
Student/Grade

School Location (circle one): Bourbonnais Bradley Kankakee Jr High Kankakee HS

For verification purposes, please provide your mailing address below:

Address _____ City _____ Zip Code _____

***Excludes Mac PAC Mondays**

**** All receipts MUST be submitted for reimbursement within 30 days from the date of the event**

Treasurer's Use

Date Request Received	Receipts Verified
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Business Office Use

Check Date	Check Amount
Check #	Date Check Mailed/Sent Home