

Dexter Consolidated Schools Project Celebration

Itemized receipts must be attached to this form prior to approval.

REIMBURSEMENT REQUEST FORM

Provide explanation below for each receipt attached:	
	\$
	\$
	\$
	\$
	\$
	\$
****SALES TAX WILL NOT BE REIMBURSED**** Total Reimbursement	\$
Please make check payable to:	
Name	
Address	
City/State/Zip	
Phone	
Approval of Parent Committee:	
Signature	Date
Signature	Date
Approval of High School Principal:	
Signature	Date
Itemized receipts must be attached to this form	prior to approval.
OFFICE USE Fund	