

APPLE Reimbursement Request Form

Date of Request: _____

To be filled out by Treasurer
Date Paid: _____
Cheque Number: _____

Contact Name: _____

Email: _____

Check which one applies	
Class Enhancement fund to be Expensed	Account to be Expensed
_____ Szicsak	_____ Administration
_____ Mayberry	_____ Fundraising
_____ Doyle	_____ Social
_____ Hill	_____ Publicity
_____ Malloy	_____ Celebration
_____ Zimmer	_____ Teacher Lunch
_____ Huffman	_____ Grade 8 Grad
	_____ Other: _____

Two Signatures **MUST** be included: Teacher, Class Chair or Committee Chair

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

Details of Expense:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please Print:

Cheque Made payable to: _____

return to c/o: _____ - _____

Child

Class

Note: All original Receipts MUST be attached to this form before reimbursement is processed

Send by APPLE mail ONLY to Ryan Legros c/o Owen Legros - Malloy