

Henderson Mill Elementary School Foundation Check Request

Teacher Name: _____ Date: _____

Make Check Payable To: _____

INSTRUCTIONS:

Attach all original invoices and receipts to this completed form and place in Front Office.

If requesting a reimbursement, please fill out Box 1. If requesting funds for a conference or project, please fill out Box 2.

Please refer to Invoice Pick Up/Check Drop Off Schedule.

Box 1 - Reimbursements Only

Amount Requested: _____

Grade Level Stipend and Purpose: _____

Conference/Other Purpose: _____

Box 2 - Conference/Project Funds Request

Amount Requested: _____

Purpose of Check: _____

PLEASE HAVE PRINCIPAL CASSANDRA MOORE APPROVE THIS EXPENSE

TREASURER USE ONLY

Date Received: _____

Check No. _____

Date Dropped: _____

Check Date: _____