Valley Christian School

REIMBURSEMENT FORM

1.	Your Name:		Date:	
2.	School ACTIVITY for which funds were needed:			
3.	Date of Purchase:			

4. How did you purchase the item(s)?

☐ Cash ☐ Check ☐ Credit/Debit Card

5. RECEIPT is attached to this PRF: YES NO

6. Did your supervisor give verbal permission prior to purchase? YES NO

7. BUDGET CLASS for this expense (please circle ONE):

Elem. Grade:_____	Art, Grades:_____	Shared Office Supplies
JH Grade:_____	Library, Grades:_____	Administration
HS Grade:_____	Perform. Arts, Grades:_____	Admissions
Shop	Yearbooks, Grades:_____	Development - Events
Home Ec	Inform. Technology (IT)	Development
Driver's Ed	Facility - Regular Year	ACSI Accreditation
Athletics:_____	Facility - Summer budget	School-Wide Testing
Student Store	Transportation	Staff Development
Other:_____	Custodial	PTF

8.	ITEM(S) Purchased:	Company/Vendor (who you purchased from)	Amount(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
		Total Reimbursement Requested:	$

9.	Other pertinent information (if applicable):	

10.	Supervisor Signature:		Date:	
11.	Budget Supervisor Signature:		Date:	
12.	Head of School Signature:		Date:	
13.	Bookkeeping:	Budget is verified. Initials:_____ Ready for check run.	Date:	

Created 7.1.17