

BELLA VISTA ELEMENTARY SCHOOL DISTRICT REQUEST FOR PAYMENT/REIMBURSEMENT

Payment or Reimbursement from:

(Please check one)

_____ General Fund _____ Revolving Fund _____ ASB Funds

Date: _____ Amount: _____

Payable to: _____
(Please Print)

Materials or Services Paid for: _____
(Invoices and/or receipts must be attached)

Account to be Charged/Org. Key: _____

Signatures:

Person requesting payment/reimbursement

Account Director's Authorization

Administrator

Authorized ASB Signature

CHECK # _____ DATE: _____

FOR ASB ATHLETIC PAYMENTS ONLY

I _____ RECEIVED THE ABOVE REFERENCED CHECK
PLEASE PRINT NAME

IN THE AMOUNT OF \$ _____ ON _____ ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____ SOCIAL SECURITY _____
MANDATORY