

TEP REIMBURSEMENT/PAYMENT REQUEST

ame:				
(Print the full name to which the check should be made payable).				
ddress:				
(Print the address to which the check should be mailed).				
Brief Description of Reimbursement Request/Name & Date of Event:				
mount Requested: \$				
Nvoice/Receipt Attached? Yes No (Please provide a legible receipt. If no receipt is attached, please explain. Funds will not be reimbursed without verification):				
ate: Signature:				
elephone: Email:				
pproved By:				
(Print Name of TEP Co-Chair or TEP Board Member)				
If Request Exceeds \$1,000, 2nd Signature:				

(*Signature from TEP Board Member required)

Please contact the TEP Treasurer with any questions: <u>treasurer@topangaelementary.org</u>.

<u>Supplemental Chart to be completed by Event Chair for Event Expenses</u> <u>prior to submission to TEP Treasurer for Reimbursement</u>

Parent/Volunteer Name: (First and last)	Description of Expense: (i.e. popcorn for event)	<u>Total amount:</u>	<u>Date:</u>	<u>Receipt</u> <u>Attached?</u>