



**TEP REIMBURSEMENT/PAYMENT REQUEST**

Name: \_\_\_\_\_  
(Print the full name to which the check should be made payable).

Address: \_\_\_\_\_  
(Print the address to which the check should be mailed).

Brief Description of Reimbursement Request/Name & Date of Event:  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Invoice/Receipt Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Please provide a legible receipt. If no receipt is attached, please explain. Funds will not be reimbursed without verification):  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Approved 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: [treasurer@topangaelementary.org](mailto:treasurer@topangaelementary.org).



