Funds Request / Reimbursement Form

Instructions: Please fill in all sections with the required information. If any information is missing the document will be returned to the Auxiliary/Department chairperson. Please submit funds request a minimum of 2 weeks before the funds are needed.

DATE: _____

Check one:

☐ Advance Check ☐ Reimbursement ☐ Payment ☐ Credit Card

Department/Auxiliary: _____

Purpose for funds: _____

_____

Is this in the department/auxiliary budget? ___ YES ___ NO

What line item/category in the budget: _____
(example: Usher Board/Usher Annual day Budget)

Attach an itemized estimate of your projected income and expenses.

Amount Requested: _____

Date funds are required: _____

Check(s) made payable to: _____

_____

_____ _____
Dept. Chair (Print) Dept. Chair (signature) Date

Date: _____

☐ Approved ☐ Denied Reason for Denial: _____

APPROVALS

_____ _____
Trustee/Treasurer Signature Date Financial Secretary Signature Date