



# THE SEVEN HILLS SCHOOL

## REIMBURSEMENT/CHECK REQUEST FORM

Approval	
Total	_____
Signature	_____
Date	_____

All receipts and original invoices must be attached and approval obtained before a reimbursement or check request will be processed.

Expense	Approver
Middle School	Scott Espinosa-Brown
ECE	Shauna Maraccini
Lower School	Karen Malin
Extended Day	Val Baccay
Others	Bill Miller

### Individual or Employee Reimbursement Information

*For employees, payroll reimbursement will appear on the first check after receipt of this approved form*

\_\_\_\_\_ Name

\_\_\_\_\_ Grade/Department

\_\_\_\_\_ General Description of Expense

\_\_\_\_\_ Amount

### Check Request Information for Vendor/Organization Payee

\_\_\_\_\_ Attention

\_\_\_\_\_ Amount

\_\_\_\_\_ Company/Organization

\_\_\_\_\_ Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ General Description of Expense