

GRACE CHRISTIAN SCHOOLS

Check Request / Reimbursement Request

RECEIPT MUST BE ATTACHED TO REQUEST

**Please note: There can be up to a ten day wait period for all checks
MUST BE WITHIN 30-DAYS OF RECEIPT DATE FOR REIMBURSEMENT**

Date:	
Amount of Reimbursement Request:	
Reason for Reimbursement Request:	
Description:	Supplies / Paper Goods Food Service OTHER: _____
Check Payable To:	
Address:	
City and State:	
Phone or E-Mail:	
Return Check to:	
Please circle one:	MAIL PICK-UP
<u>FOR OFFICE USE ONLY</u>	
PTF Approved By:	
Date:	
Authorized Signature:	
CATEGORY:	