

Waubonsie Valley High School- OPA Reimbursement/Check Request

Date: _____

Check Payable to: _____

Address to send check to: _____

City: _____ State: _____ Zip: _____

OPA Committee/Event _____

Items Purchased	Purpose	Amount
		\$
		\$
		\$
		\$
		\$
	Total:	\$

Signature of Requestor: _____

Requestor's Printed Name: _____ Phone #: _____

(Please note: you may not approve your own expenses/purchases, need approval from Standing Chair or Executive Board member.)

Keep a copy for your records

ATTACH ALL ORIGINAL RECEIPTS AND/OR INVOICES TO THIS FORM

**SUBMIT TO:
Elias Guerrero**

elias021392@gmail.com

For Treasurer's Use Only:

Check# _____

Date ____/____/____