

For Treasurer's use only:  
PV #

# Waubonsie Valley High School - OPA Check Request / Reimbursement Request

Date \_\_\_\_\_

Items Purchased	Budged Line	Amount Spent
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

Additional Description: \_\_\_\_\_

Check Payable to : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Phone Number : \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Requesting Reimbursement

\_\_\_\_\_  
 Signature of Standing Committee Chair (may attach email approval)

\_\_\_\_\_  
 Signature of President, Vice President or Treasurer

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

**ATTACH ALL ORIGINAL RECEIPTS AND/OR INVOICES TO THIS FORM  
 SUBMIT TO: Carolyn Schur - cschur@me.com - 630-544-1499**

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