

REEF Request For Funds Form

FOR OFFICE USE

CHECK NO. _____

DATE OF CHECK: _____

DATE APPROVED IN REEF MINUTES _____

1 TODAY'S DATE: _____

2 MAKE CHECK PAYABLE TO:
(who gets the funds?)

MAIL CHECK TO:

(Please provide info if we don't have it)

OR:
 DELIVER CHECK TO: _____

OTHER INSTRUCTIONS: _____

3 THIS IS A :

- REIMBURSEMENT REQUEST (ATTACH RECEIPT)
- REQUEST FOR BILL PAYMENT (ATTACH BILL)
- REQUEST FOR GIFTING OF FUNDS TO DISTRICT (ATTACH DISTRICT GIFTING AGREEMENT)

4 CATEGORY OF FUNDS:

- | | AMOUNT |
|--|---------------|
| <input type="checkbox"/> TEACHER ACCTS: CLASSROOM (PER-CHILD) | \$ _____ |
| <input type="checkbox"/> TEACHER ACCTS: GRADE LEVEL FOR GRADE: _____ | \$ _____ |
| <input type="checkbox"/> GRADE LEVEL SPECIAL EVENTS FOR GRADE: _____ | \$ _____ |
| <input type="checkbox"/> FUNDRAISING EXPENSE | \$ _____ |
| <input type="checkbox"/> ADMINISTRATIVE EXPENSES | \$ _____ |
| <input type="checkbox"/> SELF-FUNDED PROGRAMS | \$ _____ |
| <input type="checkbox"/> OTHER (SPECIFY) _____ | \$ _____ |

TOTAL AMOUNT REQUESTED: \$ _____

5 DESCRIPTION OF EXPENDITURE: _____

6 _____ Phone: (optional) _____

PRINT NAME OF PERSON REQUESTING FUNDS

Email: (optional) _____

7 _____

SIGNATURE OF PERSON REQUESTING FUNDS

(If filing electronically, use Adobe Reader Fill & Sign feature or similar to add signature image)

REEF PRESIDENT SIGNATURE _____ date _____

REEF TREASURER SIGNATURE _____ date _____

Date check distributed: _____

FOR OFFICE USE

How Mailed to: _____

Auditor review date: _____

distrib'd: Left in office with: _____

Auditor initials: _____

Other: _____