

PACE @ Wellington
Request for Reimbursement 2013-2014

Name: _____
 Phone or Email: _____
 Address (if mailing) _____

 Date: _____
 Approved by: _____

<p><u>Office Use</u> Date Paid: Amount: Check #:</p>
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<p><u>Budget Categories</u> Class Supplies Community Relations Class Parties Enrollment Field Trips Administrative Enrichment Sockhop</p>
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Place of Purchase / Description	Amount	Budget Category	Class (Circle One)
			1 2 3 4 5 6 N/A
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Total Amount

If you're requesting a check in advance, please attach a written estimate and include any special instructions.
 All expenses must be approved by a current Board Member.

Revised 10-22-2013

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