

Reimbursement Procedure:

1. Complete this form and attach receipt(s).
2. Place completed form by the 5th of the month in the Treasurer/Bookkeeper mailbox in SVE office OR scan and email the form with your receipts to eileen.egan@gmail.com.
3. Retrieve your check at the next Kids First meeting or by mail. Requests will be reimbursed monthly by the 15th or if it is an emergency, with at least 5 business days' notice.

Requested By:	Phone # and/or e-mail
Date Submitted:	Address (if you'd like us to mail the check):
Amount Requested (\$):	

Education

<input type="checkbox"/>	Art Supplies
<input type="checkbox"/>	Book Club K-1
<input type="checkbox"/>	Everyone A Reader
<input type="checkbox"/>	Library (Jr. Literary Guild Sub)
<input type="checkbox"/>	P.E./Running Club
<input type="checkbox"/>	Other Education Expense: _____

Programs

<input type="checkbox"/>	Assemblies
<input type="checkbox"/>	Birthday Book Club
<input type="checkbox"/>	Book Fair
<input type="checkbox"/>	Character Counts
<input type="checkbox"/>	Garden
<input type="checkbox"/>	Go Green
<input type="checkbox"/>	HSA Awards
<input type="checkbox"/>	Kick-off Dinner
<input type="checkbox"/>	Facilities Improvements
<input type="checkbox"/>	Lap Tracker
<input type="checkbox"/>	School Directory
<input type="checkbox"/>	Spring Dance
<input type="checkbox"/>	Student Awards
<input type="checkbox"/>	Teacher Appreciation Lunches
<input type="checkbox"/>	Teacher Return Lunch
<input type="checkbox"/>	Yearbook
<input type="checkbox"/>	Other Program Expense: _____

Requestor Signature:

For Kids First Use Only:

Signature:	Date Paid:	Check #	Amount:
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Notes:

Technology (STEM)

<input type="checkbox"/>	Garden
<input type="checkbox"/>	Hardware
<input type="checkbox"/>	Family Nights and Clubs
<input type="checkbox"/>	Grade Level Programs
<input type="checkbox"/>	Software and Other
<input type="checkbox"/>	Teacher Train and Plan
<input type="checkbox"/>	Other STEM: _____

Operating Expenses

<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Marketing Efforts (incl. logowear)
<input type="checkbox"/>	Misc. Operating Expense (explain)

Fundraising Related Costs

<input type="checkbox"/>	Annual Giving
<input type="checkbox"/>	DDA
<input type="checkbox"/>	Golf Tournament
<input type="checkbox"/>	Halloween Carnival
<input type="checkbox"/>	Jogathon
<input type="checkbox"/>	Logowear
<input type="checkbox"/>	Other Fundraising Costs: _____

In addition to checking an expense category, please provide a short description and/or breakdown here: