



District 48 FTC Reimbursement Request

Date Submitted / /	Expense Date / /	Reimbursement Amount \$
Your Name		E-Mail (for questions we may have)
Check Payable To		
Address to Mail Check		
What event, fundraiser or project is reimbursement for? (Include several and amounts if necessary)		
If Room Party, indicate party: ☐ Halloween ☐ Winter ☐ Valentine's Day		If Room Party, Grade Items are For
Signature		Date / /

Receipts/proof of payment totaling the amount of the reimbursement must be attached. Place in the FTC box at one of the schools. If you don't want your check mailed or need the check quickly, please make a note below.

FTC Use Only

Approved By _____ Date ____/____/____

Approved By _____ Date ____/____/____

If Over \$100

Accounting Use Only :

Item

Amount

Dept/Account

Check # _____ Date ____/____/____ Entered in System