



Jennie Elliott School Council Reimbursement Request

NOTE: requests must be submitted within 30 days of date on receipt

Payee name: _____

Date: _____ Email: _____

Event: _____ Phone number: _____

Date <small>(on receipt)</small>	Receipt Name <small>(ie. Safeway, Walmart)</small>	Description <small>(ie. healthy snacks, decorations)</small>	Amount <small>(incl. GST)</small>

Total amount of reimbursement: _____
(Original or photocopied receipts must be attached)

Signature: _____
(Person submitting)

Signature: _____
(Treasurer)

Issued cheque # _____

*****You will receive an email confirmation once reimbursement is ready for you to pick up*****