

Expense & Vendor-Entertainment Reimbursement Request Form

2019-2020

- All original receipts and invoices must be attached to this form.
- All expenses and check requests require the signature from the committee chair.
- Allow a minimum of ten (10) business days to process request.
- Reimbursement checks can be picked up from the School Office or mailed via U.S. Postal Service.
- Vendor-Entertainment checks will be mailed to the address listed on invoice only.
- Sales tax will not be reimbursed since we are a 501(c)(3). Use tax exempt form when purchasing.
- Thank you for supporting the Brook Park Council! We couldn't do it without you!!

Today's Date:/_	/ Reque	ter's Name:	
Email:		Phone:	
Committee/Event:			
Committee Chair's Signature:		Date:	_//
Notes/Comments:			
MAKE CHECK PAYABLE T	·O:		
AMOUNT OF CHECK: \$_			
MAIL CHECK TO:			
☐ NO REIMBURSI	EMENT CHECK NEEDS	D – BPC CREDIT CARD WAS USED TO MAKE 1	HIS PURCHASE
ITEM(s)		VENDOR/STORE	AMOUNT(s)
TO BE COMPLETED BY B	PC TREASURER:		
Date Received:		Invoice Date:	
Amount Paid:		Check Number:	
Line Item:	i		