



Scripps Ranch High School Foundation

10755 Scripps Poway Pkwy #254

San Diego, CA 92131

PAYMENT-REIMBURSEMENT FORM

SRHS Foundation - 2020/2021 SCHOOL YEAR

Name: _____ Date: _____

Activity/Event/Department/Program: _____

Check Payable to (name/address): _____

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Please attach receipts for reimbursements and/or invoices.

Total Check Amount (not to exceed approved amount) \$ _____

Comments/Notes: _____

Approved Board Date: _____ or Budget

Submit form and receipts to Chris Brookes, Treasurer – chris@ark-management.com. **Please submit copies of your receipts with your request form.** All requests for reimbursement or payment should be submitted as soon as possible after the expense is incurred.

Please contact me with questions, special requests or urgent reimbursements.
Chris Brookes Email: chris@ark-management.com

Below for Treasurer's use only:

Date paid: _____ Check # _____ Amount: _____

Budget Item: _____

Budget Item: _____