



Scripps Ranch High School Foundation

10755 Scripps Poway Pkwy #254

San Diego, CA 92131

PAYMENT-REIMBURSEMENT FORM

SRHS Foundation - 2024/2025 SCHOOL YEAR

Name: _____ Date: _____

Activity/Event/Department/Program: _____

Check Payable to: _____

Deliver Check to: _____

<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: _____

Submit form and receipts to Kelly Melancon, Treasurer – treasurer@srhsfoundation.org. **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 but no later than June 25th, as our fiscal year closes on June 30th.

Please contact me with any questions, special requests or urgent reimbursements at treasurer@srhsfoundation.org