

Check #: _____

**Benjamin Franklin Home & School Association
Reimbursement / Check Request Form**

Name: _____ Chairperson Name: _____
Date: _____ Chairperson Signature: _____
Phone: _____ 2nd Signature: _____
(2nd required only if check is payable to the chairperson)

Budget Category:	
Account Name: _____	Account #: _____
<small>(For Your Convenience, Budget Category Names & #'s Are Printed On The Back)</small>	

Vendor/Store	Expense Description	\$ Amount
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
Total		_____

Check Distribution:	
Make Check Payable To: _____	
<input type="checkbox"/> Mail Check to the Following Address:	_____

	Ridgewood, NJ 07450
<input type="checkbox"/> Other:	_____

For Treasurer Use Only		
Check #: _____	Check Date: _____	Prepared By: _____
		Signed By: _____
<input type="checkbox"/> Computer Entered		Signed By: _____