


Canyon Crest Academy
FOUNDATION

Reimbursement Request and Disbursement Form

Instructions:

Please use this form for requests for reimbursement or direct payment to vendors only.
Attach receipts, invoices or purchase orders to this request.
Keep a copy of all submitted forms for your records.

Program (e.g. Girls Volleyball) _____ Date: _____
Expense Item: _____ \$: _____ Phone: _____
Was this a budgeted Item: Yes ___ / No ___ If No, explain: _____

Make Check payable to:

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____
State: _____ Zip: _____

Description of Need: _____

Submitted by/Department Head Name: _____ Signature: _____
Approved by/Principal Signature: _____ Date: _____

For Foundation Use Only

Approved: Yes ___ / No ___ Signed: _____ Date: _____
Executive Director
If No, explanation: _____

Expense Verified By: _____ Check No.: _____ Check Date: _____
Finance Manager
Signed: _____ Date Check Mailed: _____