

CHRIST THE KING CATHOLIC SCHOOL
CHECK REQUEST/REIMBURSEMENT

NAME: _____ DATE: _____

Address where check is to be mailed:

Amount Requested _____

Reason for request _____

Teacher Appreciation gifts, please indicate grade purchased for: Gr. _____

Signature _____

Please attach receipts and forward to Vickie Rubino for approval by
Mr. Joe Silveira.

For Office Use:

Account # _____ Check # _____

Approved by _____ Date _____

Comments: _____