

Lake Norman Christian

Class Party Reimbursement Request



Don't forget receipts must be attached.

Requestor Information:

Name: _____

Mailing Address:

Telephone Number: (704) _____

Teacher's Name: _____ Grade: _____

of students in the class: _____

Total amount of receipts submitted: \$ _____

Do you want the reimbursement check placed in your child's folder or mailed?

place in _____'s folder please mail check
Your child's name

Please put this request and your attached receipt(s) in my box at school or give to Elise.



This section to be completed by Cheri Beckham:

Receipts received, calculated & approved []

Total Class Budget Amount: \$ _____

Total Amount Submitted: \$ _____

TOTAL REQUESTED: Please issue a check in the sum of \$ _____

Date Paid: _____ Check #: _____