

# MATHIS INDEPENDENT SCHOOL DISTRICT

## Reimbursement - Check Request Form



### Employees - Supervisors:

**Completely fill out all lines below prior to submitting form to the business office.**

The processing of all check requests for professional fees, athletic events, entry fees, reimbursements and other school related expenses or fees requiring a district check will require seven days advanced written request prior to the date the check is needed. The check will be available at the business for pickup or may be mailed.

*Date the check is needed:*

*Amount of the check request:* \$

*Account Code:*

*Please describe in detail the purpose of this request including how you calculated the total cost.  
( All check requests for reimbursement must have all receipts attached and they must equal request)*

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*Requested Check is Payable To:* \_\_\_\_\_  
*Name of Employee or Vendor*

\_\_\_\_\_  
*Address*

\_\_\_\_\_ *City*                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *Zip*

\_\_\_\_\_  
*Contact Phone Number*

*Employee/Sponsor Signature* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Approved ( ) Yes ( ) No* \_\_\_\_\_  
*Business Office Signature*

\_\_\_\_\_  
*Date*

*Approved ( ) Yes ( ) No* \_\_\_\_\_  
*Superintendent Signature*

\_\_\_\_\_  
*Date*