OIS PARENTS' CLUB
CHECK REQUEST/REIMBURSEMENT FORM

We will be unable to process any request without a receipt or proper authorization

DATE: _____ AMOUNT REQUESTED: $_____.___

YOUR NAME: _____

PHONE NO: _____ _____
DAY EVENING

PAYMENT NEEDED BY: _____

Please note that it can take up to 10 days to process check requests, and that forms should be submitted within 30 days of the expense being incurred.

EXPENDITURE DESCRIPTION:_____

_____

YOUR SIGNATURE: _____

PAYEE AND MAILING ADDRESS:

PAY TO: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

FOR ACCOUNTING USE ONLY:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
ACCOUNT	DEBIT	CREDIT

AUTHORIZED BY: _____

Please attach receipts/invoices to this form and drop off at the OIS Office or mail to:

OIS Parents Club Treasurer, c/o Orinda Intermediate School
80 Ivy Drive, Orinda, CA 94563