

Caledonia Resource Center Reimbursement Request

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Amount	Account

Total \_\_\_\_\_

For school finance we are required to have your address.

Address \_\_\_\_\_

Your check will be mailed to this address.

Did you attach the receipt?

We cannot issue reimbursements without original receipts.

Approved by \_\_\_\_\_

Office use: Paid date \_\_\_\_\_ Check Number \_\_\_\_\_

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