



MEAD EDUCATION FOUNDATION

"Investing in Innovation"

Checkbook Reimbursement Summary

Reimbursement Procedures

1. Principal discretion reimbursement may not exceed the cumulative amount of \$400.00.
2. Please save and attach receipts and/or invoices for each expense.
3. Forward reimbursement summary form and original receipts to Mead Education Foundation mailbox at the District Office.
4. Give clear payee instructions, i.e.: who should the reimbursement check(s) be made payable to?
5. Check(s) will be returned to the Principal for distribution via district mail.
6. Retain copies of all receipts and summary for your records.

School: _____

Date: _____

Principal: _____

Beginning Balance: \$ _____

Please list Expenditures/Purpose/ Details:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Deduct Reimbursement Check(s) Total Amount: \$ _____

Ending Balance: \$ _____

Make Reimbursement Check(s) Payable To: _____

Contact: _____ Phone Extension _____ For Questions.
Please Print Name

Principal Signature: _____