

# OIS PARENTS' CLUB

## CHECK REQUEST/REIMBURSEMENT FORM

*Requests without a receipt or proper authorization will not be processed.*

**Date:** \_\_\_\_\_ **Amount Requested:** \$ \_\_\_\_\_.

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Payment Needed By:** \_\_\_\_\_

*Please note that it takes up to 10 days to process check requests; forms should be submitted within 30 days of the expense being incurred.*

**Expenditure Description:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### PAYEE AND MAILING ADDRESS:

**Pay To:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

### FOR ACCOUNTING USE ONLY:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACCOUNT

DEBIT

CREDIT

**Authorized By:** \_\_\_\_\_

*Print **AND** Sign Name*

*Date*

*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*