



THE GOVERNOR'S SCHOOL FOR THE ARTS

REQUEST FOR: PAYMENT REIMBURSEMENT

DATE SUBMITTED:

Use this form to request payment to a vendor or to request reimbursement for expenses for supplies, equipment, services, or other expenses to be paid either from a departmental activity fund account or from the operating budget. **Be sure to specify both the department and the specific account to be charged.**

- Dance
- Instrumental Music
- Executive
- Foundation
- Musical Theatre
- Theatre
- Yearbook
- Visual Arts
- Vocal Music
- Parking

PAY TO: HOLD CHECK MAIL CHECK

NAME:	
STREET:	APT:
CITY/STATE/ZIP:	
SSN:	

(W9 IS REQUIRED FOR ALL PERSONS RECEIVING FUNDS FOR PRODUCTS OR SERVICES RENDERED)

Item: (Be specific: attach invoices, receipts, register tapes, etc.)	Amount	Account
	\$	<p style="text-align: center;">Operational</p> <p style="text-align: center;"><input type="checkbox"/> 3000 <input type="checkbox"/> 6000</p> <p style="text-align: center;">Student Activity</p> <p><input type="checkbox"/> Fund Raising <input type="checkbox"/> Materials/Supplies</p> <p><input type="checkbox"/> Performances <input type="checkbox"/> Student Fees</p> <p><input type="checkbox"/> Student Tickets <input type="checkbox"/> Student Trips</p> <p><input type="checkbox"/> Other</p>
TOTAL AMOUNT	\$	

Signed: (Department Chair/Office Manager)	Approved: (Executive Director)

I acknowledge receipt of Check # _____ in the amount of \$ _____ dated _____.

Signed: _____ Date: _____

POSTED