Sage Creek High School Foundation

Check/Reimbursement Request

Send to board@sagecreekfoundation.org

Submitted By:	**Date:**	**Name of Activity / Class / Group / Team:**

Contact Information:

Phone #:_____ E-mail address_____Extension if staff _____

____ General Fund	____ Athletics Fund	____ Other (Specify team, boys or girls, etc.)
____ Academics Fund	____ VAPA Fund	

Describe how this activity, program, supply, or equipment benefits your students:

How many students will this impact?

☐ **Attachments Provided** (Must include invoice, contract, quote, original receipts, etc.)

CHECK PAYABLE INFORMATION	AMOUNT: $
Business / Vendor:	
Address	Phone:
City / State / Zip	E-mail:

Date Needed By:

(allow 3-4 weeks after approval)

Special Instructions: **___Mail** **___ Hold For:**

Approved Amount: $

	Print Name		
☐	Submitted By:	Signature	Date
☐	SCHS Athletic Director or VAPA Chair	Signature	Date
☐	SCHS Principal	Signature	Date
☐	Foundation Chair	Signature	Date
☐	SCHS Foundation Financial Officer	Signature	Date