

|                            |       |
|----------------------------|-------|
| Office Use: Amount Paid \$ | _____ |
| Check Number               | _____ |
| Date Paid                  | _____ |

### CHECK REQUEST

AFTER SCHOOL PROGRAM SITE: \_\_\_\_\_

STAFF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

CODE TO BE CHARGED: \_\_\_\_\_

### SUMMARY OF RECEIPTS

| RECEIPT | DATE OF PURCHASE | STORE OF PURCHASE | AMOUNT OF PURCHASE |
|---------|------------------|-------------------|--------------------|
| 1       |                  |                   |                    |
| 2       |                  |                   |                    |
| 3       |                  |                   |                    |
| 4       |                  |                   |                    |

TOTAL AMOUNT OF REIMBURSEMENT: \_\_\_\_\_

ORIGINAL RECEIPTS MUST BE ATTACHED  
TO THE BACK OF THIS FORM