

Kingsley Charter School Foundation

*** Reimbursement/Payment Request ***

Date: _____ Amount requested: \$ _____

Payable to:

Name: _____

Address if needed: _____

Account/invoice number if needed: _____

Requested by:

Name: _____

Phone Number: _____

Email: _____

Treasurer's use	
Approval/#:	
Date Paid:	
Check # or On Line Bill Payment:	
Acct	\$
Acct	\$
Acct	\$

Description of expense(s)

- 1) _____ \$ _____
- 2) _____ \$ _____
- 3) _____ \$ _____



Please attach invoice/receipts

Questions? Contact Brian Sims at brian.sims@comcast.net

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