

**Wakefield School District
Expense Reimbursement Check Request**

****Attach all Receipts with this request****

Check Payee: _____

Date: _____

Amount: _____

Requestor: _____

Account number or PO: _____

Description/Reason for Request: _____

Date Required: _____

(1) Special Instructions: _____

(2) Check Delivery: _____

Requestors Signature: _____

Administrator Approval: _____

(1) - Examples: Please mail with attached document, please put attn: John Smith

(2) - Examples: Please give to requestor or please mail to payee