



**Beck Family Volunteers
Check Request & Funds Reimbursement Form**

Please fill in completely. Place all requests in the **Ways and Means Mailbox** in the school's office. Allow one week for checks to be processed. If requesting petty cash, please use the Petty Cash Request form. If your request is **NOT** part of the pre-approved budget, there is a **GOOD** chance this request will not be reimbursed.

Date Check Requested: _____ Requested By: _____

Date Check Needed: _____ Payable to: _____

Amount of Check: _____ Contact Phone No: _____

Email Address: _____

**ALL ORIGINAL RECEIPTS must be attached to this check request for payment.
Please tape receipts to an 8-1/2 by 11 sheet of white paper prior to attaching.**

| <u>Budget Item/Event Name</u> | <u>Item Description</u> | <u>Amount</u> |
|-------------------------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Total Amount \$ _____

Are all items in the budget? Yes _____ No _____

If no, explain _____

Preferred Check Delivery Method (select the appropriate one):

School Mailbox: _____ Mailbox Name: _____

Postal Mail: _____ Mailing Address: _____

Child's Backpack: _____ Child's Name & Teacher: _____

For BFV Treasurer or Authorized Member Use Only:

Check No. _____ Date Paid: _____ / _____ / _____ Signed by: _____

Date Entered/Logged: _____ / _____ / _____ Budget Category(s): _____