



Reimbursement Request 2020-2021

Please submit this completed Reimbursement Request Form to GWPOtreasurer@gmail.com. All requests will be reviewed and processed within 14 days, excluding holidays. Reimbursement subject to available funds in earmarked accounts. Please retain this request in your records, and please cash reimbursement checks within 30 days of receipt. Should a check get lost and we have to issue a stop payment, the \$25 fee will be deducted from the correlating budget. For any additional questions or concerns regarding reimbursement, please email GWPOscappoose@gmail.com

Note: Anything purchased with GWPO funds is the property of Grant Watts and is not intended for personal retention. If for any reason, employment status changes or school affiliation changes, any remaining items purchased with these funds must remain on GWE campus, within the area the items were purchased for (e.g., book rack for the library must remain in the library unless approved to be moved by the principal). ALL ITEMS purchased by GWPO must be labeled "Purchased by GWPO". Collaborate with GWPO for appropriate branding tools.

Staff Member/ Volunteer Submitting Request: _____
Grade/ Group to retain Items (Ex: 1st grade; Library; GWPO) _____

Budget (Ex: Teacher Allowance; Special Spending; Auction): _____
Email: _____ Phone Number: _____
Mailing Address: _____

- I would like the Reimbursement Check mailed to my address above
- I would like to pick-up Reimbursement Check in my mailbox at Grant Watts

Please describe/ itemize your reimbursement request (Please attach all receipts for expenses you wish to be refunded for. No reimbursement can be issued without a receipt.):

Note: Please fill out separate reimbursement requests if funds are from separate Budgets, EX: Teacher Expenses and Field Trip. These need to be processed separately. A Spending Request Adjustment form MUST be filled out when there is ANY change to the original approved request. Including increased costs due to tickets needed, bussing, shipping, etc.

\$ _____ **Total Funds Requested**
Date: _____
Signature: _____

Processed Date: _____
Amount Reimbursed: \$ _____
Check # _____
Remaining Budget: \$ _____
Authorized/ Processed by GWPO EBM: _____

