

Volunteers for Issaquah Schools Expense Reimbursement Request Form



P.O. Box 1401 • Issaquah, WA 98027

INSTRUCTIONS: Please complete the information below. Please attached receipts or bills to this form. All reimbursements are REQUIRED to have a receipt or bill for proper record keeping. Remember to include sales tax on reimbursable items.

Detail of Expense:

Requestor: _____ Date: _____

Email address: _____ Phone: _____

Pay To: _____ Amount Requested: _____

Reason / Explanation for expense: _____

Method of Payment: Pay Attached Bill / Invoice _____

Reimburse me at next meeting _____

Other: Please describe: _____

Authorized Signature (VIS Officer/Board Member): _____

For Treasurer Use Only

Check Payee: _____

Check Number: _____

Check Date: _____

Check Amount: _____

Budget Category: _____