

MONTA VISTA HIGH SCHOOL
SENIOR ALL NIGHT PARTY
Check Request & Reimbursement Request Form

Today's Date: _____ Requestor's Name: _____

Pay to: _____ Amount \$ _____

Name of individual or company

Street Address

City

State

Zip

Reason for the expense: _____

Disbursement:

- Mail check to the address listed above
- Hold check for pick up at the next SANP meeting
- Donate this expense to SANP in lieu of reimbursement

Charge to: _____

Name of committee

APPROVALS: Committee Lead _____ President/Chair _____

- Two Signatures required
- Two Signers may not be related
- Committee Leads seeking reimbursement for themselves must acquire co-lead or Co-President signature (i.e. you can't sign a reimbursement form for yourself).

FOR TREASURER USE:

AMOUNT PAID: \$ _____ CHECK #: _____ BY: _____ DATE: _____

Submit this form with **Original** receipts (containing SANP items **only** and from current school year); and **Required Signatures** to the SANP Treasurer at the address below or in SANP mailbox at MVHS.

Kathy Jaccques
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Cupertino, CA 95014
treasurer@mvsanp.org