**MONTA VISTA HIGH SCHOOL**

SENIORALL 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

1110 Hunterston Place

Cupertino, CA 95014

treasurer@mvsanp.org