



Monta Vista High School Senior All Night Party Check or Reimbursement Request Form

Fill out the form completely, obtain approval signatures from Committee Chair and President, and attach ORIGINAL receipts. Requests may be submitted in the MVHS Office in the SANP Box or mailed to the SANP Treasurer, Kathy Jacques, at 1110 Hunterston Place, Cupertino CA 95014.

Date: _____

Submitted by: _____

Email: _____

Phone _____

Chair Signature: _____

President Signature: _____

Make Check Payable to: _____

Address (if mailing): _____

Pick up at next meeting: _____ Donate Expense to SANP: _____

Brief Description of Purchase:	Budget Category:		Amount
Total			

Budget Category Options:

- *Bag & Check* • *Bids & Tickets* • *Big Toys* • *Blankets*
- *Casino* • *Construction* • *Decorations* • *Electrical*
- *Entertainment* • *Fire Retardant* • *First Aid* • *Food*
- *Games & Booths* • *Hospitality* • *Neighborhood Liaison* • *Prizes*
- *Publicity* • *Security* • *Storage* • *Take Down*
- *Transportation* • *Volunteer Coordinator* • *Volunteer Appreciation*

Treasurer Use Only					
Check Number		Amount		Date	
Mailed Date:		Pick Up Date:		Donation	