

**District 39 Educational Foundation  
Reimbursement/Check Request Form 2018-2019**

<u>Item/Event</u>	<u>Date</u>	<u>Committee</u>	<u>Amount</u>
1.			
2.			
3.			
4.			

Total

Please reimburse/pay by check, payable to:

Name:

Date submitted:

Address:

Phone:

e-mail:

Signature of person submitting this form \_\_\_\_\_

**Sara McSpedon  
District 39 Educational Foundation Treasurer  
834 E. Glenwood Rd.  
Glenview, IL 60025  
Cell: 847-834-0058  
sara.verhey@gmail.com**

*To be completed by Treasurer:*

Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_