



THE EASTBLUFF FOUNDATION Reimbursement Request Form

Attach all itemized receipts or invoices. Submit to the Treasurer after approval.

1. SUBMITTED BY

NAME

DATE SUBMITTED

EMAIL

PHONE

2. EXPENSE DETAILS

EVENT NAME (e.g. Fall Festival, Classroom Supplies, Teacher Appreciation)

PURPOSE / DESCRIPTION OF EXPENSE

ITEMIZATION

DATE	VENDOR / DESCRIPTION	AMOUNT
TOTAL AMOUNT REQUESTED		

3. HOW WOULD YOU LIKE TO BE REIMBURSED? (check one)

Pay me by: ☐ Zelle ☐ Check — mailed ☐ Check — hand delivered ☐ Check — hold at school office

IF ZELLE — EMAIL OR MOBILE # REGISTERED WITH ZELLE

NAME ON ZELLE ACCOUNT

IF MAILED CHECK — MAILING ADDRESS (street, city, state, ZIP)

4. SIGNATURES — BOTH REQUIRED

By submitting this form, the requester certifies that these expenses were incurred on behalf of The Eastbluff Foundation, are supported by the attached receipts, and have not been previously reimbursed. No one may approve their own reimbursement. If a Co-President is the requester, the other Co-President signs the approval line below.

SIGNATURE — PERSON REQUESTING REIMBURSEMENT TITLE / ROLE

DATE

SIGNATURE — FOUNDATION CO-PRESIDENT

TITLE / ROLE

DATE

TREASURER USE ONLY

DATE PAID

CHECK # / ZELLE CONFIRMATION #

ACCOUNT

PROCESSED BY

NOTES