

Ramapo High School APTS

Expense Reimbursement / Check Request Form

* This form must be submitted when requesting a check for a vendor, start up cash or expense reimbursement.

Date _____

Name _____ Email _____

Description/Event _____

Check Request or Start Up Cash

Payee _____

Payee's Address _____

Total Amount Due _____

_____ Check this box if you want the payment mailed directly to the Vendor

Expense Reimbursement:

	Receipt/Item and Description	Amount:
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
	Total Amount Due	\$ _____

Please attach all the supporting documentation and receipts.

DeAnn Cavagnaro
Ramapo APTS Treasurer
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