



Snack Fee Reimbursement Check Request

Name:		Date:		
Home Address:				
Program: Circle One				
CAB		EC	ELS	HS ELS
School Year: _____	<input type="checkbox"/> Fall		<input type="checkbox"/> Spring	
Amount Requested: \$				
IMPORTANT: A Snack Fee Receipt Recap must accompany this form when requesting a check for next semester Snack Fees Reimbursement.				
Program Admin Approval				
Director Approval				
Account #				
<i>(Office Use Only)</i>		Receipt Recap Verification		
By:	Date:	Total Receipts Received Yes No (Circle One)		