



Reimbursement Request Form

FOR TREASURER USE

Check #: _____

Check Date: _____

Amount: _____

Mission: *To develop resources and fund programs that inspire, promote, and support the academic achievement and cultural enrichment of all students.*

Please complete this form, attach receipts, get required signature, and place in Foundation mailbox at school, OR mail to Willow Glen Education Foundation, P.O. Box 8096, San Jose, CA 95155-8096, OR email a scan/picture of this form and your receipts to treasurer@willowglenfoundation.org.

Date: _____ School Supported: _____ Deliver to: _____

Check Payable to: _____

Mailing Address: _____

Phone: _____ Email: _____

Expenditure was for/Approved Allocation #: _____

Program Supported: _____

List Expenditures: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSE: \$ _____

Principal/School Representative or
WGED Chair/Executive Approval _____ Date _____

Questions may be directed to: treasurer@willowglenfoundation.org

Allow 10 business days for turnaround. Contact treasurer if needed urgently.