

Request for Check/Reimbursement

Payee:
Address:
If individual person, social security number:

Description	Costs
Board Member Cell Phone Stipend	\$30.00
Month/Year:	
Total Costs	\$30.00

Date:	Southeast Island School District
Approval:	

For Official Use Only

Date:	Invoice:
Approval:	Vendor:
Title:	Coding: