



Medford Lakes Education Foundation, Inc.

Reimbursement Check Request

This form is to be used by members of the teaching staff, district administrators, community volunteers and MLEF board for all checks made payable to an individual.

Please fill out the starred * items. Receipts must accompany all requests and should be attached to the form.

Request for payment must be submitted within 30 days of an event.

Checks will be written on the 1st and the 15th of each month.

*Date _____ *Committee _____

*Amount of Reimbursement _____ *Requested by _____

*Description of Expense:

To be filled out by Treasurer

Account _____

Approved by MLEF President _____

Amount Approved _____ Date Check Issued _____

Check # _____

Approved by MLEF Treasurer _____