**District 39 Educational Foundation**

**Reimbursement/Check Request Form 2021-2022**

Item/Event Date Committee Amount

1.

2.

3.

4.

Total

Please reimburse/pay by check, payable to:

Name: Date submitted:

Address:

Phone:

e-mail:

**Signature of person submitting this form** ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kristie O’Neill**

**District 39 Educational Foundation Treasurer**

**827 Oakwood Ave.**

**Wilmette, IL 60091**

**Cell: 773-620-7183**

**kristiekoneill@gmail.com**

*To be completed by Treasurer*:

Check #\_\_\_\_\_\_\_\_\_\_ Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_