	(request for reimbursement, chec		
		Patterson Elementary School Addre 3731 Lawrence D Naperville, Illinois 609 (630) 428-69 Fax (630) 428-69	rive 564 500
All receipts must be attached	d on the back. Sales Tax is not		
Voucher #	(if applicable)	Date:	
Amount \$			
Committee/Category Na	me:		
Itemized Expenditure(s)	:		
To Whom Payment Sho	uld be Made:		
(Name)			
(Address)			
(City/State/Zip)			
(Phone)			
Approved By:	(President or Vice President Si	Date: Signature Required)	
Check #	Date Che	heck Issued:	
Entered:			