

Sycamore Valley Elementary

Shark Fund

Reimbursement Request

Date: \_\_\_\_\_

To : Shark Fund President

From: \_\_\_\_\_

Re: \_\_\_\_\_

Category: \_\_\_\_\_

**Attach receipt or estimate for each item.**

---

Amount: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_