



Reimbursement Request Form

Fill out the form below completely and attach receipts. Return completed form and receipts to Sue Sikkink: ssikkink@capstoneclassical.com.

Date _____

Budget Category _____

Approver Name _____

Submitted by _____

Phone _____

Email _____

Send Check to (name) _____

Address _____

City/State/Zip _____

Description of Purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Sign if OK to Pay

_____ Supervisor

_____ Headmaster



CAPSTONE
 Classical Academy
 3910 25th St. S | Fargo, ND 58104
 (701) 205-6381

Business Office Use Only		
Check Number _____	Amount _____	Date _____
Budget Category _____		