

Request for Labor Reimbursement

Dingeman Elementary School FFC

Tax forms (W9 or similar – check www.irs.gov) need to be attached at the beginning of each year and requests must be submitted before **June 1st** to receive payment.

An invoice from the vendor must accompany each request.

Name: _____ Contact email and phone: _____

Date submitted: _____ Budget line item to be debited: _____

Make Check payable to: _____

Payee's mailing address: _____

Completed forms should be placed in FFC Treasurer's folder, in the FFC crate located in the workroom.
Checks will be disbursed in person or may be mailed. If by mail, please include a self-addressed and stamped envelope.

DATE	TIME	CLASSROOM or TEACHER	Description of service provided (problem, solution, training, platform, event, lesson, topic, # of students involved)	RATE	HOURS	TOTAL

Continue on reverse if necessary.

Total Reimbursement:

\$ _____

Authorized by FFC Committee Chair: Printed Name: _____

Signature: _____

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