



San Dieguito Academy Foundation

Enriching the Student Experience

Check/Reimbursement Request

Rev 08/16

Submitted By:			Date:	
Council / Activity:				
<input type="checkbox"/> General Fund	<input type="checkbox"/> Academic	<input type="checkbox"/> Athletic	<input type="checkbox"/> Grad Nite	<input type="checkbox"/> Music Council
<input type="checkbox"/> Student Support	<input type="checkbox"/> Theatre Arts	<input type="checkbox"/> Visual Arts	<input type="checkbox"/> <i>Other (Specify Club/Team, Boys or Girls, etc):</i>	
Purpose:				
<input type="checkbox"/> Attachments (Must include invoice, contract, quote, <u>original</u> receipts, minutes, etc.)				
Check Payable Information			Amount: ☺	
<i>Business / Vendor:</i>			<i>Primary Contact:</i>	
Address			Phone:	
City / State / Zip			Email:	
Expense Account:				
Date Needed By: <i>(allow 2-3 weeks after approval)</i>				
Special Instructions: <input type="checkbox"/> Mail <input type="checkbox"/> Hold For:				
Approvals				
<input type="checkbox"/>	Executive Director Review		Signature	Date
<input type="checkbox"/>	Club/Council Liaison		Signature	Date
<input type="checkbox"/>	Club/Council Treasurer		Signature	Date
<input type="checkbox"/>	SDA Staff <i>(Head Coach, Advisor, Dept Head)</i>		Signature	Date
<input type="checkbox"/>	SDA Athletic Director <i>(Athletic Council teams only)</i>		Signature	Date
<input type="checkbox"/>	SDAF Chief Financial Officer		Signature	Date

San Dieguito Academy Foundation

P.O. Box 235109, Encinitas, CA 92023

(760) 753-1121 ext. 5085 / sdafoundation@sduhsd.net / www.SDAFoundation.com