



# San Dieguito Academy Foundation

*Enriching the Student Experience*

## Check/Reimbursement Request

Rev 07/22

<b>Submitted By:</b>		<b>Date:</b>	
<b>Council / Activity:</b>			
<input type="checkbox"/> General Fund	<input type="checkbox"/> Academic	<input type="checkbox"/> Athletic*	<input type="checkbox"/> *Please Specify Team, Boys or Girls, etc.
<input type="checkbox"/> Grad Nite	<input type="checkbox"/> Music Council	<input type="checkbox"/> Theatre Arts	<input type="checkbox"/> Misc/Other
<b>Purpose:</b>			
<input type="checkbox"/> <b>Attachments</b> (Must include invoice, contract, <u>original</u> receipts, minutes, etc.)			
<b>Check Payable Information (enter below)</b>		<b>Date Needed:</b> (allow 2-3 weeks after approval)	
Name (for reimbursement) / Vendor (for direct pay)			
Address			
City / State / Zip			
<b>SDAF Expense Account:</b>			
<b>AMOUNT:</b>			
<b>Special Instructions:</b>		Mail	Hold for:
<b>Approvals, if applicable</b>			<i>*required</i>
	Executive Director Review*	Signature	Date
	Club Liaison/Council Chair	Signature	Date
	Club/Council Treasurer	Signature	Date
	SDA Staff (Head Coach, Advisor, Dept Head)	Signature	Date
	SDA Athletic Director (Athletic Council teams only)	Signature	Date
	SDAF Chief Financial Officer*	Signature	Date

**San Dieguito Academy Foundation**

P.O. Box 235109, Encinitas, CA 92023

(760) 753-1121 ext. 5085 / [ed@sdafoundation.com](mailto:ed@sdafoundation.com) / [www.SDAFoundation.com](http://www.SDAFoundation.com)