



Bedford Elementary Schools Together / Parent Teacher Organization

REIMBURSEMENT/CHECK REQUEST

Date: _____

Committee Requesting Reimbursement: _____

Name of Person to be Reimbursed: _____

Name and Home Address or Kidmail address where check should be sent:

Reason for Reimbursement: _____

Amount: \$ _____ (Check No. _____)

PLEASE ATTACH RECEIPT TO THIS PAGE

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Enrichment Committee Check Request:

PLEASE ATTACH INVOICE OR PERFORMANCE CONTRACT TO THIS PAGE

Committee Member Requesting Check: _____

Date of Performance: _____

Performance Name: _____

Performance Location: _____ Davis/Grade _____ Lane/Grade _____

Check Made Payable to: _____

Amount: \$ _____ (Check No. _____)

Name and Home Address or Kidmail address where check should be sent:

Thank you very much for the BEST work you do, which improves the school day for all our children...Diane Bernstein, BEST Treasurer.
ddm.bernstein@verizon.net - 781 276-1769 – 10 Overlook Drive – Bedford, MA 01730