

PACE at Lockwood Check or Reimbursement Request

Pay to: _____

Date: _____

Address: _____

Amount: _____

_____ Zip: _____

Phone: _____

Budget Item: (field trip, mini units, etc.): _____

Teacher (if applicable): _____

Description (supplies, Zoo trip, etc.): _____

For Treasurer use only:

PACE Check #: _____

Receipt Attached: _____

Date of Check: _____

Invoice Attached: _____

Return to Treasurer's Envelope in PACE mailbox (school's office) or to PACE Lock Box in food service room.

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