



Nantucket  
**Lighthouse  
School**

**Nantucket Lighthouse School  
Check Request/Reimbursement Form**

Note: Review Employee Manual for additional guidelines.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Expense Description: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Pay to the Order of: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Receipts/Back-Up Required:**

Back up must accompany a check request or reimbursement form.

Receipts/Back-up with approval attached?  Yes  No