

**GENERAL**  
**Dana Hills High School Foundation**  
**REQUEST FOR REIMBURSEMENT**

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Date of Request: \_\_\_\_\_ Activity: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

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

Amount Requested: \$ \_\_\_\_\_ Is this a budgeted item: YES NO

Reason for Request: \_\_\_\_\_

Department Chair Approval (Print Name): \_\_\_\_\_

Department Chair Approval (Signature Approval): \_\_\_\_\_

**INSTRUCTIONS: ATTACH ALL INVOICES/RECEIPTS TO THIS FORM**

- Include copies of cashed checks/paid cash receipts/credit card transaction details.  
Keep copies of all your original receipts for your own records
- Fill out form completely, and submit for final approval to Department Chair, who will send it to the Treasurer for processing.
- Reimbursements are processed at least twice a month (forms at [DHHSFoundation.org](http://DHHSFoundation.org))

DHHS Foundation Board Approval and Signature Required:

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

DHHS Foundation Board Approval and Signature Required:

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

Check Amount: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_

*SUPPORT DANA HILLS HIGH SCHOOL BY SIGNING UP FOR **RALPH'S COMMUNITY PROGRAM** (RENEW each September – USE ID#81536) AND **AMAZON SMILE** (SELECT DOLPHIN FOUNDATION INC -Group ID 6649671) – go to Amazon Smile website for future purchases. Every time you shop here, we raise funds for DHHS. Visit [www.dhhsfoundation.org](http://www.dhhsfoundation.org) – Support Us tab for details.*

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