



SANTA CLAUS FUND REIMBURSEMENT FORM

REQUESTING REIMBURSEMENT?

Please check: YES NO

CONTACT INFORMATION

Name:

Phone:

Email:

Mailing Address:

FAMILY NUMBER: _____

IF YES, PLEASE COMPLETE THE REST OF THIS FORM, ATTACH YOUR RECEIPTS AND SEND TO P.O BOX 314 JACKSON, WY 83001 OR BRING WITH YOU TO DROP OFF DAY DECEMBER 11TH, 2024 @ TETON COUNTY FAIR COMMUNITY BUILDING

IF NO, PLEASE JUST COMPLETE THE CONTACT PORTION AND FAMILY #, ATTACH YOUR RECEIPTS AND SEND TO P.O BOX 314 JACKSON WY 83001 OR BRING WITH YOU TO DROP OFF DAY DECEMBER 11TH, 2024 @ TETON COUNTY FAIR COMMUNITY BUILDING. **THANK YOU!**

| CHILDS NAME: | PLACE OF PURCHASE | CHARGED TO SCF VENDOR | OUT OF POCKET PURCHASE |
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| BUDGET: | | | |
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| SUBTOTAL | | | |
| TOTAL FROM BACK PAGES | | | |
| TOTAL TO BE REIMBURSED (DO NOT INCLUDE SCF VENDOR CHARGES) | | | |

By signing below, I confirm that all information provided is accurate and complete to the best of my knowledge.

Reimbursee Signature _____

Santa's Elves Use Only:

REIMBURSEMENT PROCESSED BY: _____ AMOUNT REIMBURSED: _____

CHECK NUMBER: _____ DATE: _____

WITHIN BUDGET: Y OR N DONATION: Y OR N

| CHILDS NAME: | PLACE OF PURCHASE | CHARGED TO SCF VENDOR | OUT OF POCKET PURCHASE |
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| BUDGET: | | | |
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SUBTOTAL

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