

# Marysville Cooperative Education Program

[www.MCEPoption.com](http://www.MCEPoption.com)

4407 116th St NE, Marysville, WA 98271

## Reimbursement and Purchase Requisition Form

Date of Request: \_\_\_\_\_ Amount: \_\_\_\_\_

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

Check to be made out to: \_\_\_\_\_

How would you like check delivered: \_\_\_\_\_

Purchase Type (circle one)

CLASSROOM SUPPLIES

DURABLE CLASSROOM SUPPLIES

AUCTION FUNDRAISER

FALL / SPRING FUNDRAISER

PARENT TRAINING

CO OP APPRECIATION WEEK

PC LEAD / PC TRAINING

NEWSLETTER

DIRECTORY

OVERHEAD

OUTDOOR SCHOOL

PUBLIC RELATIONS

COUNCIL HOSPITALITY

CO OP ROOM SUPPLIES / EQUIP

Complete Description of item(s) purchased:

---

---

---

**\*\* All durable goods items must be labeled "Property of MCEP" \*\*  
and reported to the Treasurer for inventory purposes.**

Location of items (teacher and/or room number): \_\_\_\_\_

**\*\* APPROVAL SIGNATURES \*\***

Originator Signature: \_\_\_\_\_

Teacher / Council member signature: \_\_\_\_\_

**Please give completed form to Treasurer or scan and email to [treasurer@mcepoption.org](mailto:treasurer@mcepoption.org)**

Items not in the budget must be presented to the MCEP council and possibly membership for approval.

Receipts / Invoices MUST BE ATTACHED to this form per MCEP ByLaws and Audit Procedures.

Field Trip Reimbursements will be paid to Marysville School District when you complete this form and attach both the required receipt/invoice AND the MSD form contribution to the school district.

FOR ACCOUNTING PURPOSES ONLY:

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Budgeted? Y / N Inventoried? Y / N