



JAN KEN PO GAKKO
2018-2019
Request for Reimbursement

Attach receipt and submit form
to:
Jan Ken Po Gakko
c/o Kathryn Mataga Shimane
Po Box 221247
5930 South Land Park Drive
Sacramento, CA 95822 or
ikpgtreasurer@gmail.com

NAME _____
ADDRESS _____

PHONE # _____

AMOUNT REQUESTED \$ _____

DESCRIPTION OF PURCHASE _____

GRADE / EVENT _____

RECEIVED BY _____

DATE _____

CK # _____

DATE _____