	Check #: Dat	te Paid:	
Malibu High School			
ARTS ANGELS			
Request for Funds			
Date:			
Name of Requestor:			
	(Note: Staff checks will be placed in school box	(es)	
	r receiptsexpense reimbursements must be itemize		
<ul> <li>Non-budgeted expenses or exp</li> <li>E-mail the Arts Angels treasurer</li> </ul>	penses in excess of your department allocation cannot	ot be reimbursed.	
	- I you have a Room		T
		Dept. /	
Vendor	Item Description	Program	Amount
	<del>-  </del>		
		TOTAL	: tatr.00
Approved By:	ANGELS President	ARTS ANGELS Treasurer	
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NOTE:			