



Program Reimbursement & Check Request Form

Please submit to accountspayable@blessingsinabackpack.org

OR

Mail to:
Blessings in a Backpack
4121 Shelbyville Rd
Louisville, KY 40207

Date: _____

Blessings Program Manager: _____

BIB Program ID Number: _____

School/Fund Name: _____

Number of Children in Program: _____

Program Coordinator: _____

Please select one: Event Expense Grocery Expense Program Expense

Make check payable to: _____

Amount: _____

Mail check to this address:

Reimbursement checks must be accompanied by receipts or grocer invoices and product detail.

Checks cannot be processed without receipts or product information/ pricing.

If you require pre-payment, please email receipts to accountspayable@blessingsinabackpack.org after purchase.

Thank you