



Lions International District 2-53 Charities, Inc.  
**KidSight Vision Screening Request for Reimbursement**

Date:

Custodial Club Name/Location \_\_\_\_\_

Check will be made payable to **Club** Named above

Address \_\_\_\_\_

Address \_\_\_\_\_

SPOT Serial Number \_\_\_\_\_

Please reimburse for the following supplies:

Description \_\_\_\_\_ Amount

<u>Description</u>	<u>Amount</u>

TOTAL REIMBRUSEMENT REQUESTED \_\_\_\_\_

Please note – Receipts must be submitted for all the above items in order to be reimbursed by KidSight.

This form along with copies of your receipts should be emailed to - [garyfuchs53@yahoo.com](mailto:garyfuchs53@yahoo.com)