

**ESLC VOLUNTEER REIMBURSEMENT
REQUEST FOR BACKGROUND CHECK**

Purchased by: _____

Check payable to: _____

Mail to (Name): _____

Street: _____

City, State, ZIP: _____

Date: _____

Purchased at: *MN Bureau of Criminal Apprehension
1430 Maryland Ave E
Saint Paul, MN 55106*

Account to be Charged:

Division: *Programs*

Department: *Volunteer*

Expense: *Background check*

Total Amount: \$35

Purchaser Signature: _____

Signature Date: _____

Attach receipt and mail to East Side Learning Center, 740 York Ave., St. Paul, MN,
or give to Volunteer Coordinator.

Authorized by:	For office use _____
Receipt:	___ Yes ___ No
(For Acct Use)	Check # _____ Date _____