



REIMBURSEMENT FORM

Date: _____

Budget Category: _____

MAKE CHECK PAYABLE TO:

Name: _____

Phone: _____

Address: _____

Email: _____

TYPE OF REIMBURSEMENT

TEACHER REIMBURSEMENT:

☐

EVENT REIMBURSEMENT:

☐

Please specify: _____

OTHER:

☐

Please specify: _____

Store	Description	Amount
Total:		

*****ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM*****

Payee's Signature _____

FOR TREASURER'S USE ONLY: Approved at Meeting Date: _____ Check # _____ Date _____ Logged by _____