

# REIMBURSEMENT FORM



**NOTE:**

*Please attach all receipts to this printed form. Reimbursement requests cannot be assured without receipts. Leave your completed form in the Treasurer folder.*

DATE:	
NAME:	
CLASS / POSITION:	
ADDRESS (to send check):	
PHONE NUMBER:	
EMAIL:	
Preferred Method of Payment: <i>(select one)</i>	<input type="checkbox"/> <b>Paypal EFT</b> <i>(sent via email above) OR</i> <input type="checkbox"/> <b>Paper Check</b> <i>(mailed via USPS)</i>

*For Treasurer use only*

Approved by: \_\_\_\_\_

Date Paid: \_\_\_\_\_

VENDOR	DESCRIPTION OF EXPENSE	AMOUNT	BUDGET CATEGORY (enhancement, classroom supplies, etc)

**TOTAL:**