EXPENSE REIMBURSEMENT FORM

Make Check Payable To: _____

Email (required): _____

Date Submitted: _____

Payment Options:

☐ Leave Check at Front Office

☐ Leave Check in Staff Box (staff only)

☐ Mail Check to:

_____

_____

☐ Send Check with Student:

Student: _____

Teacher: _____

Attach all original receipts-copies cannot be accepted.

Budget Account or Activity	Item Description	$ Amount

Check Total: $ 0.00

FOR OFFICE USE ONLY

Check Date _____ Check Number _____ Check Amount _____

Budget Account _____

Treasurer's Signature _____

Create Date: 06.21.2018

Edit Date: 09.13.2018