



EXPENSE REIMBURSEMENT FORM

NAME: _____ DATE: _____

ADDRESS: _____

VENDOR	ITEM	QTY	UNIT PRICE	TOTAL

TOTAL DUE: \$ _____

Requests over \$100 will require board approval.

NOTES: _____

APPROVED BY: _____ DATE: _____

DATE PAID: _____ CHECK #: _____ AMOUNT PAID: _____

STAPLE RECEIPT HERE