



HOME & SCHOOL ASSOCIATION

Expense Reimbursement Form

Please forward this form and all receipts to the Home & School mailbox in the front office.

Attn: Denise Young, Treasurer

Today's Date:	
Name of person submitting form:	
Date of purchase:	

Please Note: All reimbursement requests should be submitted to the Treasurer of H&S within thirty (30) days of the incurred expense. All reimbursements must have original receipts attached.

Amount Spent	Reason or Event:
\$	
\$	
\$	
\$	
\$	
Total Amount Spent:	
	\$

Expenses reimbursed to:	
Name:	
Address:	
Contact: Phone/Email	
Child's Name and Classroom	

Please Note: The check for the reimbursement should be cashed/deposited within sixty (60) days.

Signature of person submitting form: _____