|  |  |
| --- | --- |
|  | REQUEST FOR REIMBURSEMENT |

***ATTACH ALL RECEIPTS and/or RELEVANT PAPERWORK TO THIS EXPENSE STATEMENT***

***(for more than 4 receipts, enclose in an envelope (9 1/2" x 4" approx.) and staple to the back of form)***

|  |  |
| --- | --- |
| Your name & address |  |
|  |  |
| Contact phone # |  |
| Email address |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\* Please send payment directly to the vendor on my behalf.** | | **Yes** |  | **No** |  |
| **If so, by what date?** | ***(date)*** |  |  |  |  |

|  |  |
| --- | --- |
| **Expenditure was for:** |  |
| **Details:** | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| ***Use the back side of this form if you need more space for details.*** | **$** |
| Total amount you are claiming: | $ |

Your Signature Date

**FOR Foundation TREASURER USE:**

* Budget Item Other
* Executive Board - approved expenditure Payroll/Salary
* Field Trips & Supplies Grade:

|  |  |  |
| --- | --- | --- |
| Check # | Category | Amount Paid |