

Expense Reimbursement

Please attach receipts for all listed expenses, sign the form and place in the IMPACT Treasurer's folder. Total Amount Owed must match Grand Total amount. Expenses are reimbursed at the end of the session, unless prior arrangements have been made. If you have purchased supplies for more than one class, please indicate which class supplies were purchased for in the "Other Comments" column.

Name: _____
 Class Title(s): _____
 Email: _____
 Signature: _____

Date: _____
 Phone: _____

Total Amount Owed:

| Receipt Date | Store Name | Items Purchased | Total for This Receipt | Was sales tax paid? | Other Comments |
|--------------------------------|------------|---------------------|------------------------|--|----------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| # of Receipts Attached: | | Grand Total: | | | |

Reimbursement Info:

Treasurer: _____

Date: _____ Check #: _____