Expense Reimbursement Form

For receipt reimbursement please email photos/scans of receipts within (30) days of the purchase to Stacey Manning at **manning.stacey@gmail.com** along with this completed form. Please allow two weeks turnaround.

Date _____ **Cell #** _____

Your Name _____

Email _____

Send Check to: **Name** _____

Address _____

City/State/ZIP _____

Who authorized this purchase? _____

Vendor	Items Purchased	Amount Charged
		$
		$
		$
		$
		$
	Total Requested for Reimbursement	$

Treasurer Use Only		
Check Number	**Amount**	$
Budget Category	**Date**	