

**Your School's Name**



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**Reimbursement Form**

Date submitted: \_\_\_\_\_

Budget category: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

**Expense Description:**

**\*\*\* Receipt must be attached for reimbursement \*\*\***

Approved by: \_\_\_\_\_

Check number: \_\_\_\_\_

Date paid: \_\_\_\_\_

Amount paid: \_\_\_\_\_