



Expense Reimbursement Report

Parent Name: _____

Date: _____

Purpose of Expense: _____

Date	Description	Total
Totals		\$ -
	Less cash advance	0
	Balance Due	\$ -

Signature: _____ Date: _____

Approved By: _____ Date: _____

*Receipts must be attached to expense form

*All reimbursements must be submitted in the month expensed otherwise they will not be covered