REIMBURSEMENT FORM
Mt. View Cooperative Preschool

Receipt Date	Store Purchased	Item(s) Description	Amount (Incl. Tax)	Exp. Category- (Completed by Treasurer)
Total Amount for Reimbursement:				

Date Submitted: _____   Submitted By: _____

Make check payable to: _____

Complete form and attach all <u>original</u> receipts. Give to the Treasurer for reimbursement.