

# **REIMBURSEMENTS**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

<b>DESCRIPTION OF EXPENSE*</b>	<b>AMOUNT</b>	<b>ACCOUNT CHARGED</b>

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Principal/Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

\* Original receipts must be attached.  
\*\* Reimbursement claims should be filed within 90 days of incurring expense.