



Sequoya APT Expense Reimbursement Form

Date Submitted: _____

Name: _____

Address: _____

Phone: _____

Request type:

Classroom Reimbursement (Staff)

Event/Committee (Please list)

Preferred Payment Method:

Zelle App
Instant Transfer
(phone # required)

Bill Pay
Check in Mail
(5-7 days from processing)

Please list expenses below:

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Expense reimbursement requests will be processed within one week.
- Please attach receipts to email or this form.
- If you have any questions email Amanda @ Sequoyaapptres@gmail.com
- Please keep a copy of this for your records.