



Expense Reimbursement

Make check payable to: _____

Address (if check is to be mailed):

Fundraising Activity or Budget Category: _____

Itemization of Reimbursement:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total Reimbursement Requested: \$ _____

Signature of person requesting reimbursement

Date

*If you have several receipts for which you seek reimbursement, please itemize above and attach the receipts to this form. Receipts will not be returned; please make a copy for your records if desired. Please allow up to 7 business days for reimbursement. Please contact desptotreas@gmail.com if you have questions or concerns.

Thank you for all that you do for the students and staff of Dunbarton Elementary School!!!