

**EXPENSE REIMBURSEMENT FORM**

**NAME: DATE:**

**ADDRESS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **VENDOR** |  **ITEM** |  **QTY** |  **UNIT PRICE** |  **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
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 **TOTAL DUE: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Requests over $100 will require board approval.***

**NOTES:**

**APPROVED BY: DATE:**

**DATE PAID: CHECK #: AMOUNT PAID:**

STAPLE RECEIPT HERE