

**EXPENSE REIMBURSEMENT FORM**

**NAME: DATE:**

**ADDRESS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VENDOR** | **ITEM** | **QTY** | **UNIT PRICE** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TOTAL DUE: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**NOTES:**

**APPROVED BY: DATE:**

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

STAPLE RECEIPT HERE