

Expense Reimbursement

Please attach receipts for all listed expenses, sign the form and place in the EAGLE Treasurer's folder at co-op. Total Amount Owed must match Grand Total amount. Expenses are reimbursed when total reaches \$25 and above. If you have purchased supplies for more than one class, please indicate which class supplies were purchased for in the "Other Comments" column.

Name: _____
 Class Title(s): _____
 Email: _____
 Signature: _____

Date: _____
 Phone: _____

Total Amount Owed:

Receipt Date	Store Name	Items Purchased	Total for This Receipt	Was sales tax paid?	Other Comments
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
# of Receipts Attached:		Grand Total:			

Reimbursement Info:

Treasurer: _____ Date: _____ Check #: _____