

# 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	
<b># of Receipts Attached:</b>		<b>Grand Total:</b>			

Reimbursement Info:

Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_