



## Expense Reimbursement Form

For receipt reimbursement please email photos/scans of receipts within (30) days of the purchase to Stacey Manning at [manning.stacey@gmail.com](mailto:manning.stacey@gmail.com) along with this completed form. Please allow two weeks turnaround.

Date \_\_\_\_\_ Cell # \_\_\_\_\_

Your Name \_\_\_\_\_

Email \_\_\_\_\_

Send Check to: Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Who authorized this purchase? \_\_\_\_\_

Vendor	Items Purchased	Amount Charged
		\$
		\$
		\$
		\$
		\$
Total Requested for Reimbursement		\$

Treasurer Use Only	
Check Number _____	Amount \$ _____
Budget Category _____	Date _____