

Home & School Association
Expense Report

* This form must accompany all reimbursement requests

Committee _____

Name of individual to be reimbursed _____

Activity _____

Name of Store		Date of Receipt		Amount
Total				

*if not expensing full amount, please circle items on receipt to be expensed

*Attach all receipts or copies to report and hand to school office- DO NOT EMAIL

Submitted by: _____

Phone # _____

Date _____

Please contact H&S Treasurer with any questions