Little Hands

Expense Reimbursement Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by and due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address to be mailed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense Classification (select one only):

|  |  |  |  |
| --- | --- | --- | --- |
| Event specific cost: Please check/circle the relevant event in the list below. If “other” please include name of event below:Little Hands Big Hearts Auction (inc. gourmet dinner)Walk and strollPancake breakfastHalloween partyIce cream socialProducts and merchandise (Family portraits, pottery painting, T-shirt sales)Preschool nightTalbots eveningOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Supplies: Please check/circle the nature of the supply below. If “other” please include details in description below:Classroom MaterialsCopier Repair & MaintenancePrinted materialsOffice SuppliesPostageOther: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| School maintenance: Please check/circle the nature of the cost below. If “other” please include details in description below:Cleaning equipmentEmergency suppliesKitchen suppliesGrounds maintenanceOther: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Meeting specific cost: Please check/circle the relevant meeting in the list below. If “other” please include name of meeting below:OrientationPreschool nightSpeaker- SPICEOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Project related expense (e.g. repairs, supplies reimbursement) | \_\_\_\_\_\_\_\_\_\_ | Staff development | \_\_\_\_\_\_\_\_\_\_ |
| Board development | \_\_\_\_\_\_\_\_\_\_ | Other (include detailed description below) | \_\_\_\_\_\_\_\_\_\_ |

Description of expense purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Board member to approve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board member signature for approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All original receipts must be attached to this requisition.  If the receipt contains several items please circle, or highlight, the items and the dollar amount for which you seek reimbursement.

Please put this form and receipts in the Treasurer’s box at school or mail it to the address below.  For board members and teachers, your reimbursement check will be placed in your box at Little Hands when school is in session.  When school is not in session, it will be mailed to you.

Little Hands

Attn. Treasurer

P.O. Box 675, Belmont, CA 94002