

HAMILTON MONTESSORI SCHOOL Reimbursement Form / Expense Report

Name: _____

Address: _____

Date: _____

Advanced Amount Received: _____ Date Received: _____

****** Receipts must be attached to the back of this expense formt ******

DATE	DESCRIPTION OF PURCHASE	Office	Classroom	Event	Repair	Snack	Other	SUBTOTAL

Please include sales tax in your total cost per line item

COMMITTEE BUDGET:

Construction _____	Library _____
Cultural _____	Painting _____
Fundraising _____	Room Parent _____
Garden _____	Other _____
Hospitality _____	

SUBTOTAL
Less Advance
TOTAL owed you
TOTAL returned

Signature: _____ Date: _____

Approved by: _____ Date: _____

OFFICE USE:		
Reimbursement Check #: _____	Date: _____	Initials: _____