



## EXPENSE REIMBURSEMENT FORM

Please complete the following information and submit to Peter Rings, STA Treasurer, at the Middle School. Payments are made at the middle and end of each month.

Name \_\_\_\_\_

Building \_\_\_\_\_

Date \_\_\_\_\_

Amount to be reimbursed \_\_\_\_\_

For the purchase of (i.e. bagels for bagel breakfast....)

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**PLEASE STAPLE RECEIPTS TO THE UPPER LEFT HAND SIDE OF THIS FORM BEFORE SUBMITTING. FORMS WITHOUT RECEIPTS WILL BE RETURNED TO YOU WITHOUT PAYMENT.**

For STA Use Only:

Check # \_\_\_\_\_

Budget Code \_\_\_\_\_

Date \_\_\_\_\_