

# Expense Report

**Procedures:**

Attach receipts for stuff that was purchased to this form and list below what it was for  
Date Purchased, Store, Amount  
Email to nwrghcpa@southslope.net or drop off form to Cathy in office in PTO box  
You will receive check within 5 business days in school office, if need sooner, please feel  
free to email in this file and drop off receipts and form in office.

Date of Purchase	Store	Details	Amount

**TOTAL**

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Name of Person Requesting Reimbursement

\_\_\_\_\_

Date Requested

\_\_\_\_\_

Event or Reason for Reimb.

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