|  |  |
| --- | --- |
| YOUR LOGO HERE | |
| Reimbursement form | |
| Fill out the form below completely.  All receipts should be attached to the form and emailed to hansson@example.com. | |
|  |  |
| **Date** | 8/15/XX |
| Budget category | Office supplies |
| Approver name | Ian Hansson |
| **Submitted by** | Cristi Grau |
| **Phone** | (201) 555-0101 |
| **Email** | cristi@example.com |
| Send check to | Kristen Solstad |
| **Address** | 321 Avenue A |
| City/State/Zip | Portland, OR 76543 |

|  |  |  |
| --- | --- | --- |
| Description of purchase |  | Amount |
| Paper |  | 25.00 |
| Pens |  | 10.00 |
| Printer ink |  | 50.00 |
|  |  |  |
|  |  |  |
| **Total** |  | 85.00 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Treasurer use only | | | | | |
| Check number | 12345 | Amount | 85.00 | **Date** | 8/15/XX |
| Budget category | Office supplies | | | | |