

*Expense reimbursements
must be submitted
within 60 days of purchase.*

EXPENSE REIMBURSEMENT FORM

Name: _____

Fund: ☐ Annual ☐ Capital ☐ Other/semi-restricted/note _____

Title/Group: _____

Event Name: _____

<i>Date Purchased</i>	<i>Store where purchased</i>	<i>Description of Items for Memo</i>	<i>Budget Account (leave this blank if you are not sure)</i>	<i>Purchase Price</i>
<i>Total Reimbursement Request</i>				\$



**Three Cedars
Waldorf School**

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Non-profit, charitable organization 501(c) (3) FEIN 91-1694599

Reminder to the person submitting this form: keep a copy for your records!

Signature: _____

Date: _____

Budget Account confirmed by: _____, Title: _____ Date: _____

Reimbursement paid by: _____ Date: _____