

Silver Spring Nursery School Reimbursement Request

Instructions: Print the name and address of the person receiving payment at the top of the form. Put each category's subtotal at the end of each line – ask the bookkeeper if you don't know the correct category for your purchase. **Please calculate the reimbursement total AND ATTACH ALL RECEIPTS.** Thanks.

 Print name of person receiving check

Please do not write here:

Ck# _____ Dated _____

 Print address of person receiving check

Paid for:	Paid to:	Amount:
Class Equipment	_____	\$ _____
Supplies for		
School	_____	\$ _____
Snack	_____	\$ _____
Extend. Yr./Summer	_____	\$ _____
Theme	_____	\$ _____
Janitorial	_____	\$ _____
Office/Bookkeeping	_____	\$ _____
School Copier	_____	\$ _____
Pet	_____	\$ _____
Wood chips/Sand	_____	\$ _____
Bldg Improvement	_____	\$ _____
Advertising/Membership	_____	\$ _____
Business Meeting		
Snacks	_____	\$ _____
Handbook	_____	\$ _____
Babysitting	_____	\$ _____
Field Trip	_____	\$ _____
Fundraising (specify details)	_____	\$ _____
Licensing (specify details)	_____	\$ _____
Newsletter	_____	\$ _____
Social event supplies	_____	\$ _____
Parent Ed		
Books	_____	\$ _____
Babysitting	_____	\$ _____
Teacher's Ed	_____	\$ _____
Other (specify details)	_____	\$ _____

Details if needed: _____

Reimbursement Total: \$ _____

I incurred the above expenses on behalf of the Silver Spring Nursery School and request reimbursement.

Signed: _____ Date: _____