THE MONTESSORI ACADEMY OF ARLINGTON

Preparing children for life, not just the next test.

Reimbursement Form

Name: _____

Date	Class or Committee	Store or Supplier	Description of Item	Amount
			Total	

Directions:

1. Fill out this form as completely as possible.
2. Attach all receipts to this form. If there is no receipt, we cannot reimburse the expense.
3. No reimbursement will be made for any taxes paid. Tax exempt forms are available in the office and should be used for all purchases.
4. Reimbursements are made biweekly.

.....

For office use only.

Expense Submitted _____

Total Expense Approved _____

Less Advance _____

Amount Due _____

Check Number _____

Prepared by _____

❑ Approved ❑ Denied

Signature _____ Date _____

Comments _____