

# Collingswood Junior's Expense Reimbursement Form

## INSTRUCTIONS:

- Complete the form below.
- Attach receipt(s).
- Keep a copy of the form and receipt(s) for your records.
- Submit completed form and receipt(s) to the Treasurer.

## REQUESTED BY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

## PAY TO (IF OTHER THAN ABOVE) & ADDRESS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

## TYPE/DESCRIPTION OF EXPENSE

Item(s): _____	Cost: _____
Item(s): _____	Cost: _____
Item(s): _____	Cost: _____
Item(s): _____	Cost: _____

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

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### *FOR USE BY TREASURER*

Amount Paid: \$ \_\_\_\_\_  
Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_