

EXPENSE REIMBURSEMENT FORM



Name of Person to be Reimbursed:

Event/Funding Activity: _____

Date: _____

Purpose: _____

Itemized Expenses

Date	Description	Cost
	Total:	

Submitted by:

Print: _____ Sign: _____ Date: _____

Approved by: (Board Member)

Print: _____ Sign: _____ Date: _____

Note:

- Receipts must be submitted with Expense Report - No receipts, no reimbursement.
- All reimbursement requests must be part of a preapproved event budget or approved/passed by motion and resolution by the Friends of STEM Board of Directors. Any expenses that are not pre-approved will not be reimbursed and are considered the responsibility of the individual purchaser.
- Expense Reimbursement Forms must be submitted as soon as possible after event date. No reimbursements will be issued after the end of June of each school year.