

**Chestnut Grove Child Development Center**

**Expense Reimbursement Form**

**For Room Parents and Parent Volunteers**

Parent Name: \_\_\_\_\_

Signature of Requestor / Recipient: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Class: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

<b>Description of Purchase(s):</b>	<b>Amount</b>
Receipt #1 _____	\$ _____
_____	
Receipt #2 (if applicable) _____	\$ _____
_____	
Receipt #3 (if applicable) _____	\$ _____
_____	

**Note:** Please attach all receipts to this form and place in the board treasurer's mailbox in the school office. If your receipts include non-reimbursable purchases too (i.e. not relating to the school), please clearly indicate which items are to be reimbursed. Within a few days, a reimbursement check will be distributed to your child's mail pouch, unless requested otherwise. Thank you!

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For Treasurer's Use: Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Treasurer Name: \_\_\_\_\_