

Expense Reimbursement Form

Name _____
 School _____
 Date _____

Purpose: _____

Itemized Expenses

| Receipt # | DATE | DESCRIPTION | COST |
|----------------------------|------|-------------|------|
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| | | | |
| SUBTOTAL | | | \$ - |
| TOTAL REIMBURSEMENT | | | \$ - |

Note: tax can be reimbursed

Please number and tape your receipts onto a sheet of paper

Teacher Signature _____ **Date** _____

URI SMILE Approval Signature _____ **Date** _____