

## Class Reimbursement Form

\*\*Please fill out and submit with your receipts.

Name:	Date:
Class:	
Total of Receipts Submitted:	
	Cost per Student:
Total Available for Class Reimbursement (multiply # of students x cost per student):	
Payment Received Date:	
	ng):
To be completed by Treasurer:	
Date Submitted	
Date Reimbursed	
Amount Reimbursed	
Check #	
Amount Still Available for Reimburser	ment (pending receipts)