



ESDF EXPENSE REIMBURSEMENT FORM

REQUESTER FILLS IN THIS SECTION

Date of request: _____

Person requesting: _____

Requester's phone number: _____

Mailing address: _____

Make check payable to: _____

Amount of check: _____

Purpose: _____

Preferred delivery method/address: _____

Signature of requester: _____

Prior approval must be obtained on all purchases. Failure to obtain approval for purchase may result in purchaser having to incur the expense.

Date	Description	Budget Category	Amount
			\$

FOR TREASURER USE

Date Paid	
Check Number	
Amount of Check	
Budget Category	
ESDF Executive Board & Treasurer Approval	

Please contact admin@evergreenschooldistrictfoundation.com if you have any questions.