Class Party Reimbursements

Grade/Teacher: _____ **Date:** _____

BUDGET: $ _____ ***Circle One**:* *FALL* *SPRING*

Please list all expenses below and attach receipts:

Description	*Amount*
Total:	$

Party expenses should be reimbursed to the following people:

(Total amount reimbursed cannot exceed your class party budget)

Name	*Amount*	*Check #*	*Date*
	$		
	$		
	$		
	$		
	$		
Total:	$		

Approved by:

Grade Level Chair	Date	Phone
Homeroom Parent	Date	Phone
Treasurer	Date	
President	Date	

Revised 2009