

New Star Chinese School's

EXPENSE REIMBURSEMENT FORM

Name: _____ Phone Number: _____

Mailing address (by Check payment) or Zelle account address (by Zelle payment)

List all expenses (itemize), and the explanations of what the expenses are for.

ALL ORIGINAL RECEIPTS are required for reimbursement.

Please note: We cannot accept copies or credit card receipts for reimbursements.

Total Reimbursement Amount:

Requestor's Signature: _____ Date: _____

Approval: _____ Date: _____

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FOR OFFICE USE ONLY:

Processed: _____ Date: _____

Check#: _____

Notes: _____