

ESPO – FINANCIAL REIMBURSEMENT FORM

NAME:

ADDRESS:

PHONE:

EMAIL:

COMMITTEE:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Bake Sale | <input type="checkbox"/> Book Fair |
| <input type="checkbox"/> Halloween | <input type="checkbox"/> Pizza Lunch |
| <input type="checkbox"/> Emerson Cares | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Back to School Picnic | |
| <input type="checkbox"/> Teacher & Staff Appreciation Luncheon | |
| <input type="checkbox"/> ESPO Welcome Coffee | |

****PLEASE ATTACH ALL RECEIPTS (OR INDICATE SUBMITTED ELECTRONICALLY)**

ITEM(S)	COST
TOTAL:	

The above is a gift in kind, I do not wish to be reimbursed.

Please provide a gift receipt.

Signature: _____ Date: _____

Approved by: _____

ESPO CHAIR