

San Martin/Gwinn Home and School Club  
Aka SMGHSC  
2009-2010 Expense Reimbursement

Requestor's Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Payee's Name (if different from Requestor) \_\_\_\_\_

Contact info (phone or e-mail): \_\_\_\_\_

Address (if you'd like your check mailed to you): \_\_\_\_\_

**List of expenses:**

Item	Store/Vendor	Description	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**\* Please attach original receipts**

Reimbursement Total : \_\_\_\_\_

If funds are requested from a **Teacher's Home and School Club account**, please read and sign below.

The following expenses are for classroom supplies that are on behalf of the students in the grade and classroom stated below.

I have attached original receipts and kept copies for myself in the event of a required resubmission.

The above amount is to be charged to the following Teacher's account, and I have permission to submit the expense on behalf of each Teacher listed below.

\_\_\_\_\_  
Teacher's Name, Grade and Amount

\_\_\_\_\_  
Teacher's Name, Grade and Amount

\_\_\_\_\_  
Teacher's Name, Grade and Amount

\_\_\_\_\_  
Teacher's Name, Grade and Amount

**All Requestors:**

Please attach original receipts, sign this form and place in the Treasurer's section of the Home and School Club Box in the School's Main Office. A check will be issued and returned within 7 business days.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date