

- I would like a live check
- Please credit my account
- (Employees) Please add to paycheck

Diablo Valley Montessori School Expense Reimbursement Form

To: **Business Manager**

From: _____ Date: _____

Please reimburse: _____
(name of person/vendor to make check payable)

For the attached receipts: _____
(class/account)

Discretionary or Parent Fund Expenses:

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total \$ _____

All Other Expenses (J. Martin signature required prior to reimbursement)

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total \$ _____

Approved: _____ Date: _____
Jayne Martin, Head of School