

- 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 (Jayne Martin signature required prior to reimbursement)

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

Total \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Jayne Martin, Head of School

**\* ALL REIMBURSEMENT FORMS AND ORIGINAL SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
WITHIN 30 DAYS FROM THE PURCHASE DATE.**