

- I would like a live check
- Please credit my account

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.**