Teacher: Click here to enter text. Date: Click here to enter a date.

Address: Click here to enter text.

Position: Click here to enter text.

Proof of expenditure (receipts) must accompany this request for reimbursement.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Purchase | Vendor | Quantity & Item Description | Total Amount |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  | Total Amount Requested | $ |

I, the undersigned, do solemnly swear the above classroom related expenditure is a just, accurate and true accounting of my out-of-pocket expenses. Please print and return to Faculty Senate Treasurer.

Senate Treasurer Signature of Teacher