|  |  |
| --- | --- |
| **Name of Submitter** |  |
| **Name of Payee if Different than Submitter** |  |
| **Payment Mailing Address** |  |
|  |  |
|  |  |
| **Reimbursement amount** |  |
| **Date** |  |
| **Expense type** |  |

**Fundraising:**

|  |  |  |
| --- | --- | --- |
| * Appeal
 |  |  |
| * Corporate
 |  |  |
| * Hats Off
 |  |  |
| * Party
 |  |  |
| * Marketing
 |  |  |
| * Spelling Bee
 |  |  |
| * Other (please describe)
 |  |  |

**Administrative**

|  |  |  |
| --- | --- | --- |
| * Insurance
 |  |  |
| * Miscellaneous
 |  |  |
| * Postage
 |  |  |
| * Professional fees
 |  |  |
| * Website
 |  |  |
| * Other (please describe)
 |  |  |