



REIMBURSEMENT REQUEST FORM

Use this form to initiate reimbursement of authorized expenses incurred on behalf of Ruffing Montessori School. Staple all supporting receipts/documentation to the back of this form and submit it to the business office for processing within 30 days of purchase. Unless other arrangements are made, reimbursement to staff will be included in regularly processed payroll as non-taxable income.

Name: _____ Date: _____

For Classroom/Department Expense:	Authorized Signature (required):
_____	_____
Classroom/Department Name	Director/Directress

For Parent Association Expense:	Authorized Signature (required):
_____	_____
PA Event	Event Chair or PA President

For AHA! (After Hours Activities) Expense:	Authorized Signature (required):
_____	_____
AHA! Class Name	AHA! Director

For SRI (Summer Ruffing It) Expense:	Authorized Signature (required):
_____	_____
SRI Class Name	SRI Director

Expenses:

Items	Cost
_____	_____
_____	_____
_____	_____

Use reverse side of form for additional items or for special instructions.

TOTAL: \$ _____

CHECK TO BE ISSUED TO: _____

Address (include zip code): _____

For Office Use Only	
Approval Signature:	Notes:
_____	_____
Director of Finance & Operations	_____