Emmaus Lutheran Preschool
Expense Reimbursement Form

Employee Name:

Director Name: Sherry King

Expense Period	
From:	
To:	

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL	$ -
Less Cash Advance	
TOTAL REIMBURSEMENT	$ -

Note: Mileage reinbursement for personal car = $0.XX/mile

Don't forget to attach receipts!

Employee Signature Date

Approval Signature Date