Willow Park PreSchool

EXPENSE CLAIM FORM

Please fill out, print off and attach original receipts to this form.
Forms without original receipts will not be processed.

Dmbj n bou(t Name: _____

Date: _____

Invoice/Purchase Date	Vendor*	Expense Purpose**	Amount	Description
Total			$0.00	

* Vendor: Where was the purchase made?
** Expense Type: Please select a category from the drop down menu.

Dmbj n bou(t Signature: _____ **Date:** _____

Approval Signature: _____ **Date:** _____