Council & Book Fair Reimbursement Form

Name: _____ Date: _____

Itemized Expenses for: (check one) General Council ☐ Book Fair ☐

I am a: (check one) Teacher/Staff Member ☐ Volunteer ☐

DATE	DESCRIPTION	AMOUNT
	TOTAL	

Don't forget to attach receipts!

Teacher / Staff Member / Volunteer Signature Date

Chair / Treasurer Signature Date