

Moline Christian School Circle Expense Reimbursement Form

Name of person being reimbursed _____

Expense Account	Reimbursement Amount
1. Innisbrook Sale	\$ _____
2. Auction	\$ _____
3. Mini Bazaar	\$ _____
4. AR Pizza Sale	\$ _____
5. Cookie Dough/Popcorn Fundraiser	\$ _____
6. AR Sub Sale	\$ _____
7. Family Fun Night	\$ _____
8. Craft Sale	\$ _____
9. Apple Pie Sale	\$ _____
10. Mailing expenses for: _____	\$ _____
11. Room Mom expense reimbursement for: (This expense is for Room Moms that are not collecting expense dollars from parents or classes that have very few students.) Name of staff member(s) items were purchased for: _____ _____ Event you are being reimbursed for (i.e., birthday, Christmas gift, etc.) _____	\$ _____
12. Other (specify): _____	\$ _____
Total to be reimbursed:	\$ _____

1. Please note that an **original, itemized receipt** or receipts must accompany this form. Credit card receipts cannot be reimbursed.
2. **For IRS purposes: If your receipt does not show an exact item description, please fill out on the back side of this form what each item was and the cost.**
3. If your receipt is for more than one of the Expense Accounts listed above, please show that breakdown on your receipt.
4. Please **DO NOT** use a highlighter on your receipts. Highlighters can make some receipt papers turn black and unreadable over time.

For School Circle Use:	
Amount Paid	_____
Date	_____
Check No.	_____