

## North Tacoma Cooperative Preschool Reimbursement Form

Date	Amount	Purpose	Exp. Category <small>(completed by Treasurer)</small>

YOUR NAME: \_\_\_\_\_

Please fill out in full, attach copies of all receipts and submit to Lynn Walrath for reimbursement. Please file reimbursement requests within 30 DAYS of incurring expense. Thanks.

For treasurer use only:

Date received: \_\_\_\_\_

Check number: \_\_\_\_\_

Check amount: \_\_\_\_\_

Check Date: \_\_\_\_\_