|  |  |
| --- | --- |
| **Name of Submitter** |  |
| **Name of Payee if Different than Submitter** |  |
| **Payment Mailing Address** |  |
|  |  |
|  |  |
| **Reimbursement amount** |  |
| **Date** |  |
| **Expense type** |  |

**Fundraising:**

|  |  |  |
| --- | --- | --- |
| * Appeal |  |  |
| * Corporate |  |  |
| * Hats Off |  |  |
| * Party |  |  |
| * Marketing |  |  |
| * Spelling Bee |  |  |
| * Other (please describe) |  |  |

**Administrative**

|  |  |  |
| --- | --- | --- |
| * Insurance |  |  |
| * Miscellaneous |  |  |
| * Postage |  |  |
| * Professional fees |  |  |
| * Website |  |  |
| * Other (please describe) |  |  |