



Suzume No Gakko Expense Reimbursement Form

Requester's Name (will be name on check)	
Date Requested	

Please attach your receipts.

Grade	Event	Vendor	Item/Project Description	Exp. Acc*	Amount
					\$
TOTAL					\$

Date Approved	Approver	Initials

Date Paid	Check No.	Amount	Notes

*To be filled out by the approver