

REIMBURSEMENT FORM FOR GHPAC

Name: _____

Address: _____

Amount: \$ _____

Class Item Purchased For: _____

Date of Purchase: _____

Description of Item Purchased:

Approved By: _____ Date: _____

Check #: _____ Date: _____

Completed By: _____

Please attach your receipt(s) to the form either with stapler or tape. Thank you.