



REIMBURSEMENT FORM

NAME: _____ DATE: _____

STORE VENDOR: _____

BRIEF DESCRIPTION OF ITEMS PURCHASED: _____

AMOUNT OF REIMBURSEMENT: _____

NUMBER OF RECEIPTS: _____

WHAT BUDGET DOES IT COME FROM (IF ANY): _____

SIGNATURE & DATE: _____

APPROVED BY: _____

Socrates Academy
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