

Lakeview Public School Council

Reimbursement Form

Itemized receipts must be attached

Payable To: _____

Address: _____

(Note: Reimbursement cheque will be mailed to address above)

Date Submitted: _____

Purpose of Purchase: _____

	VENDOR	ITEM	AMOUNT
1			
2			
3			
4			
5			
		TOTAL	

NOTES:

Approved by: _____

Date: _____