

# TRINITY HOMESCHOOL ENRICHMENT Reimbursement Form

**\*\* Attach receipts to this form \*\***

MEMBER NAME \_\_\_\_\_

REIMBURSEMENT REASON (select one)

Teacher Class Fee \_\_\_\_\_ Office Expense \_\_\_\_\_ Business Supplies \_\_\_\_\_

Other (Give Reason) \_\_\_\_\_

TOTAL REIMBURSEMENT AMOUNT DUE \$ \_\_\_\_\_ (Teacher class fees cannot exceed class budget)

Do you want to use your reimbursement as a love offering? If so, what amount? \$ \_\_\_\_\_

----- COMPLETE RECEIPT INFORMATION BELOW -----

**Receipt #1**

Vendor/Store Name : \_\_\_\_\_

Receipt Date: \_\_\_\_\_ Requested Reimbursement Amount \$ \_\_\_\_\_

**Receipt #2**

Vendor/Store Name : \_\_\_\_\_

Receipt Date: \_\_\_\_\_ Requested Reimbursement Amount \$ \_\_\_\_\_

**Receipt #3**

Vendor/Store Name : \_\_\_\_\_

Receipt Date: \_\_\_\_\_ Requested Reimbursement Amount \$ \_\_\_\_\_

**Receipt #4**

Vendor/Store Name : \_\_\_\_\_

Receipt Date: \_\_\_\_\_ Requested Reimbursement Amount \$ \_\_\_\_\_

**Receipt #5**

Vendor/Store Name : \_\_\_\_\_

Receipt Date: \_\_\_\_\_ Requested Reimbursement Amount \$ \_\_\_\_\_

**FOR OFFICE USE**

Class Budget \$ \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Reimbursement Amount \$ \_\_\_\_\_

Date Reimbursed : \_\_\_\_\_

Remaining Budget \$ \_\_\_\_\_

Date Check Cleared: \_\_\_\_\_