



NISKAYUNA COOPERATIVE NURSERY SCHOOL

852 Ashmore Avenue
 Niskayuna, NY 12309
 (518) 370-5705

www.niskayunaco-opnurseryschool.com

Expense Reimbursement Form

Date: _____

Make Check Payable To: _____

Mail Check To (address): _____

Item #	Expense Date	Vendor	Reason for Expense	Amount	Budget Line (if known)
1					
2					
3					
4					
5					
6					
7					

Total Amount to be Reimbursed \$ _____

Directions:

- * Complete the Above Information - either on computer or print and hand written
- * Attached Original Receipts
- * Submit to the Treasurer within 30 days of the expenditure (mail to treasurer or place in folder at school)

Treasurer's Approval _____
 Date: _____
 Check Date _____
 Check Number: _____

