



**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: \_\_\_\_\_

