The Child Unique Montessori School

Expense Report

Name: _____
Date: _____
Advanced Amount Received: _____

*******Receipts must be attached to the back of this expense form*******

Date	Description of Purchase	Office	Classroom	Event	Repair	Snack	Other	Subtotal
Subtotal								

subtotal		
Less advance		
Total owed you		
Total due		

please include sales tax in your total cost per line item

Committee buget:

- ☐Construction
- ☐Cultural
- ☐Fundraising
- ☐Garden
- ☐Hospitality
- ☐Library
- ☐Painting
- ☐Room Parent
- ☐Unique Collective
- ☐Other

Signature: _____ **Date:** _____

Approved by: _____ **Date:** _____

Office Use:

Reimbursement check #: _____ Date: _____ Initial: _____