

## Little Wonders Expense Reimbursement Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Must be approved by Director or Board Member)

Expense Account	Amount	Expense Account	Amount
<b>Class Materials &amp; Equipment</b> Including art supplies, toys and books	\$	<b>Hospitality</b>	\$
<b>Office Materials &amp; Postage</b> Including printing, copies, office supplies	\$	<b>Halloween Party</b>	\$
<b>Maintenance &amp; Repairs</b> Including kitchen & cleaning supplies	\$	<b>Year-End Picnic</b>	\$
<b>Substitute Day</b>	\$	<b>Auction Fundraiser</b>	\$
<b>Teacher Education</b>	\$	<b>Other</b>	\$
		<b>Total</b>	\$

Comments: \_\_\_\_\_

Please attach receipts, print clearly, and allow 2 weeks for reimbursement  
Email treasurer at [treasurer@littlewonders.org](mailto:treasurer@littlewonders.org) with any questions

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