



**REIMBURSEMENT RECEIPT FORM**

*Hendrick Hudson  
School District  
61 Trolley Road  
Montrose, NY 10548*

HHEA

DAA

HHESA

TAMA

OTHER

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

Date	Name of Event	Place of Expense	# of Attendees	Amount of Expense
<b>TOTAL AMOUNT OF EXPENSES</b>				

**All expense reimbursements must have an itemized original receipt attached to form to receive reimbursement.**

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

Principal/Direct Supervisor