



# EXPENSE REIMBURSEMENT FORM

Carl A. Swanson Elementary School  
Swanson Community Club

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

Total amount of purchase: \$ \_\_\_\_\_

Committee/Event:

\_\_\_\_\_

What the money was spent on:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person to be reimbursed:

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

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

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

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

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*Please attach all receipts to this form*

Send to:

Swanson Community Club Treasurer  
Swanson Elementary School  
8600 Harney Street, Omaha, NE 68114

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Check Number: \_\_\_\_\_

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

Initials: \_\_\_\_\_