Global Community Charter School

EXPENSE REIMBURSEMENT FORM

All reimbursement request must be pre-approved and failure to obtain pre-approval may result in non-repayment; all request for reimbursement must be accompanied by receipts documenting purchase.

Requestor Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

DATE	EXPENSE TYPE Office supply, meal, Etc.	VENDOR	EXPLANATION	AMOUNT
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Requestor Signature

Request Date

Approved By

Approval Date

Approved By

Approval Date

Location/Localización 2350 5th Avenue | New York, NY 10031
Email/Correo Electrónico | info@globalcommunitycs.org
Phone Number | 646-360-2363