



Reimbursement/Donation Form

Date: _____
 Name: _____
 Amount \$ _____

- Donation to Goodloe
- Reimburse me

Item(s) Purchased/Donated *(attach receipts if applicable)*

*******FOR REIMBURSEMENT*******

Is this a budgeted expense? YES _____ No _____
(If no, please get Financial Officer approval prior to purchase)

Approval _____
 (Signature of person responsible for budget item)

Please submit to Finance Officer for reimbursement

+++++
 FO Approval _____
 Date Paid _____ Check # _____