



East Whittier Arts Education Foundation  
P.O. Box 4824  
Whittier, CA 90607-4824

**Expense Report/ Reimbursement Request** - To document costs associated with items donated to the Foundation and to request reimbursement for items purchased.

Submitted By: \_\_\_\_\_

Date	Activity	Description	Cost/Value	Reimbursement Requested Yes/No

Receipts or documentation must be attached for reimbursement

Date: \_\_\_\_\_ Requestor's Signature: \_\_\_\_\_

Address where reimbursement is to be mailed: \_\_\_\_\_

Notes/Comments. If multiple teachers are included, please list their names.

  
  
  
  
  

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Total reimbursement requested \$ \_\_\_\_\_ Check # \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_

Mailed/presented: \_\_\_\_\_ By: \_\_\_\_\_ Total amount of non-reimbursed items \$ \_\_\_\_\_