

James Marshall
 Parent Nursery School
 PO Box 379
 West Sacramento CA 95691



**Reimbursement
 Request**

Name: _____

Date: _____

Address: _____

City, State, Zip: _____

Attach the original receipt for each purchase listed - staple to upper right corner

DATE OF PURCHASE	BRIEF DESCRIPTION OF ITEMS	PURPOSE OF EXPENDITURES <small>(i.e. cleaning/party/school supplies, yearbook, etc.)</small>	TOTAL
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$



Electronic payment method: _____
(i.e. Venmo, PayPal, Zelle, CashApp)

Date: _____

Check #: _____

Authorized by: