



Expense Reimbursement Form

Providence Extension Program

All expenses must be pre-approved by the Site Administrator!

*Please complete the form and attach all receipts - **reimbursements will not be issued without receipts!***

Name:	PEP Campus to be Charged:
Address:	Approved By:
	Date:

Expense Category - Circle Any That Apply	Items Purchased - Be Specific! (Include Class Name or Event)	Purchase Date	Amount
Art Supplies			
Cleaning Supplies			
Copy Expense			
Curriculum			
Graduation			
Office Supplies			
Postage			
Science/Lab Supplies			
Social Events			
Tutor Lounge			
Other			
	Total Expenses		

**Mail Completed Form To: PEP
P.O. Box 600784
Saint Johns, FL 32260**