

EPEA REIMBURSEMENT FORM

Date: _____ Building: _____ Amount: \$ _____

Purpose: _____

** I hereby certify that the above-mentioned authorized expenditures taken from the Eden Prairie Education Association follow the policies set up by the EPEA executive board.*

Name (please print): _____

Signature: _____

(Verify expense accuracy by having a site EPEA rep, committee chair, or executive board member review and sign below)

Get a Verifying Signature: _____

*** I hereby certify that the above-mentioned purchase is accurate.*

**ATTACH RECEIPTS WITH ONLY EPEA PURCHASES
SEND TO Brent Bovitz by PDF**

If there are gift card winners, list them below:

NAME OF WINNER	GIFT CARD AMOUNT

****Do not write here. For Treasurer Only****

Check # _____ Amount \$ _____ Budget Category _____