

# 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 (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Verifying Signature: \_\_\_\_\_

(Verify expense accuracy by having a site EPEA Rep or executive board sign above)

## ATTACH RECEIPTS WITH ONLY EPEA PURCHASES

SEND to Brent Bovitz at Cedar Ridge

If there are gift card winners, list them below:

Name of Gift Card Recipient	\$ Amount of Gift Card

For Treasurer Only:

Check #	Amount \$	Budget Category: