

**Catonsville Co-Op Preschool  
Reimbursement Request**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

REASON(S) FOR EXPENSE:	Amount:
Supplies – Art	\$ _____
- General	\$ _____
- Workbench	\$ _____
- 2 yr. Program	\$ _____
- Science/Plant	\$ _____
- Creative Play	\$ _____
Equipment – Classroom	\$ _____
- Playground	\$ _____
Advertising	\$ _____
General Administration – Gifts	\$ _____
- Substitute	\$ _____
Library/Media	\$ _____
Social Events	\$ _____
Stamps/Copies	\$ _____
Miscellaneous	\$ _____
Other _____	\$ _____
<b>TOTAL TO BE REIMBURSED</b>	<b>\$ _____</b>

\_\_\_\_\_  
Signature of Requestor:  
**Please attach receipts with items circled**

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Treasurer's Use Only

Check # \_\_\_\_\_  
Date \_\_\_\_\_