INTERNATIONAL MONTESSORI SCHOOL

EXPENSE REPORT

(For Staff only)

Date Sent to Accounts Office _____

(Weekly Cut-off : Wednesday)

☐ **Seek reimbursement for expenses paid by me**

☐ **Expense return for money advanced to me earlier**

☐ **Wish List** ☐ **Others *(please specify purpose / project :)***

Name _____ **Campus** **ST / SH / ML / AB / ALL**

Date	Location (Classroom # / Office / Sickroom / Kitchen)	Description	Supplier	Expenditure Type (please feel free to amend)				Receipt? (Y / N)
				Transportation	Stationery	Teaching Materials	Others	
		TOTAL						

I confirm that the above expenses are correct _____

Date

Payment Approved by _____

Name

Date

COMPLETION AT ACCOUNTS OFFICE

Date Received _____ **Date Reimbursed** _____

☐ **Bank-in to staff's bank by Accounts Office *(Date:)***

☐ **Pick up and confirmed receipt of reimbursement by staff**

_____

Name *Date*