



Vidyalaya, Inc.

Expense Reimbursement Form

Name: _____	Today's Date: _____	
Address: _____	Contact Phone Number: _____	Email Address: _____
Check Payable to: <i>(if not the same as above)</i>	Event (Check one) General expenses (10) _____ Annual Event (12) _____ Diwali (14) _____ Holi (16) _____ Picnic (18) _____ Garba (20) _____ Other (22) _____	

Date of expense	Category	Account Number	Description	Vendor or Store Name	Amount		Remarks
	Books	5400					
	Catering	5600					
	Gifts	5800					
	Insurance	6000					
	Permit & Township	6200					
	Postal Services	6400					
	Printing & Graphics	6600					
	Rental	6800					
	Snacks	7000					
	School Supplies	7200					
	Stationary	7400					
	Student Souvenir	7600					
	Trophies	7800					
	Video & Audio	8000					
	Website & Internet exp	8200					
	Other expenses - Specify:	8400					

Signatures

Office Use Only	<u>Check #</u>	<u>Issue Date</u>	<u>Amount paid</u>	<u>Check Issued By</u>