



A CHAPTER OF THE DOUGLAS COUNTY EDUCATIONAL FOUNDATION

Expense Reimbursement Request

Date: _____

Name: _____

(Person check being written to)

Address: _____

Instructions of where check should be sent:

Phone Number: _____

Name of Committee: _____

Description of
Reimbursement: _____

Total of attached receipts: _____

Please attach all receipts/invoices and drop off at the
American Academy – Castle Pines front desk.

REMEMBER, receipts must contain **ONLY** the items and dollar amounts to be reimbursed – **NO** personal purchases can be combined with purchases requiring reimbursement. Also, sales tax will **NOT** be reimbursed.