



**Cooperadora de la
Escuela Argentina**

Reimbursement Form

Date: ___ / ___ / ____

Payee information	
Name:	Phone:
Address :	
(only if check will be mailed)	

Itemized Expenses (all receipts must be attached)			
Date (on receipt)	Description	Event / Program	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$

I CERTIFY THAT THE EXPENDITURES LISTED ABOVE WERE INCURRED BY ME IN CONJUNCTION WITH ACEA ACTIVITIES

Payee Signature

<p>APPROVED by</p> <p>_____ Signature / PRINT NAME</p>
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For Treasurer's Use Only: CHECK # _____ DATE _____ If applicable, DATE MAILED _____