

## EMA CASH REIMBURSEMENT FORM

**Requestor (your name):**

**Pay to the Order of (name, if different from above):**

Expense Type:	Item/Service Purchased	Vendor	\$ Amount
8 <sup>th</sup> Grade Trip			
Adjudication			
Baccalaureate			
Buccaneers			
Concessions			
Disney Trip			
Elementary Fundraiser			
Other Fundraiser			
Jr. High Musical			
Miscellaneous			
Office Supplies			
Orchestra Trip			
Other Trips			
Senior Banquet			
Senior Night			
Show DVDs			
Spirit Wear			
Sr. High Musical			
String Concert			
		<b>Total:</b>	<b>\$</b>

***Please attach receipts for reimbursement and submit to EMA Treasurer***