Grossmont Adult Education
Fall Session 2017-18
Lab Fee Reimbursement Form

Attach original, dated receipts within 2 weeks of purchase.
Include name of vendor/store in the same order as listed.

Teacher_____ **Date**_____

Class Name_____ **Class #**_____

You will be notified by email when checks are ready.

Please provide your email address: _____

Receipt Date	*Store/Vendor*	*Description of Items on Receipt*	*Total Expenses Claimed*

Expenses Claimed (Side 1) **$**_____

TOTAL Expenses Claimed (Side 1 & 2) $_____

*****Please do not spend over your allowable balance.*****

For office use only:

Date paid: _____ **Amount paid:** _____ **Check no.:** _____

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Side 2

Receipt Date	***Store/Vendor***	***Brief Description***	***Total Expenses Claimed***

Expenses Claimed (Side 2) $_____